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THE INTRODUCTORY LECTURE,

DELIVERED IN

GUY'S HOSPITAL,

ON THE 1ST OF OCTOBER, 1840.

By DR. ASHWELL.

IT may, Gentlemen, suggest itself to some of you, as a matter of inquiry, for what purpose an introductory address is delivered on these occasions? and why the medical staff assembles? I am here to answer these questions. And, first, allow me, in the name of the authorities of the hospital, on behalf of my colleagues around me and in my own behalf, to bid you welcome within the walls of this noble institution. I wish you also to understand from this demonstration, that the toil and difficulty, the anxiety and responsibility of teaching, has not yet either exhausted our energy, or worn out our interest in the work. If we had for several weeks, during the last session, to deplore the illness of one of our great men, I mean Dr. Bright, we have to-day to congratulate ourselves on his restoration to health, and on the probability of his long enjoyment of the honours he has so fairly won. For the future, I trust, we may, as one body, unbroken by the inroads of disease, and increasingly enthusiastic in our duties, "keep together in our chivalry," and each and all pursue with ardour and success the teaching of those departments of the healing art allotted to our respective charge. But if such be our hopes in reference to ourselves, what are our anticipations in reference to you?

Some of you have left, perhaps for the first time, the homes in which you were nurtured: a still greater number, probably, scenes and neighbourhoods, endeared by the thrilling, the inexpressible associations of youth, that spring-time of human life, which paints in glowing colours and gilds with successful results all future things.

Judging, Gentlemen, from your countenances, and interpreting most favourably the mute yet expressive language which they speak, I cannot hesitate as to the course you have determined to pursue.

Remembering that there is no royal path to knowledge—that there are no professors or teachers who, whatever they may do in the cure of disease, can, by a magnetic touch, impart knowledge, you have resolved to commence and to continue a career of protracted, diligent, and successful inquiry; only begin with ardour, prosecute your studies with untiring industry, love truth more than yourselves and your prejudices, yea, more than all other sublunary objects, and I know the result of your exertions will not only be knowledge, which is valuable, but wisdom also, which is above all price.

There have been times, now happily matters of history, when little preparatory study—when a slight acquaintance only with the microcosm of the living body, that perfect achievement of Divine workmanship, were deemed sufficient to justify all medical and surgical treatment.

Do you ask the issue of such imperfect education? I think I can occupy the brief space allotted to this address better, than by a particularising detail of the too frequent surgical operations, and of the too common and unfortunate results of the medical practice of that day. Such things can scarcely occur again; the student, the disciple of the present time, is, or at least ought to be, better taught, and replete with higher knowledge, than the philosophers and teachers of that by-gone period.

But I must endeavour to give to the remarks I am about to offer more of precision; and it will be my aim to show,

The kind of knowledge or learning which a wise medical education ought to impart;

The method of its attainment; and lastly,

The incentives to and the rewards for its successful prosecution.

The objects of medical education, are an elaborate acquaintance with the human body as a whole; and the cure, if that be possible, and if not, the prevention and alleviation of suffering. Pain and disease, whatever may have been said to the contrary by philosophers, are great evils, apart only from their power to discipline the mind and soften the heart: they cover with darkness the activities and enjoyments of existence. We fly from them instinctively, as we fly from death;

of which we all know they are too often the servants and harbingers.

If such be the aim of medicine, no one can be surprised at the difficulty of its study; and still less can we wonder, that among enlightened nations it should be held in high respect. It may then be justly assumed, that the practitioner of medicine fails in his vocation, if he be satisfied with any scientific acquisition short of that by which he is enabled to cure disease. Anatomy, as the geography of human structure, must precede all other knowledge; physiology, and that most wonderful science, chemistry, as explanatory of the modes on which life works and preserves, and by its excess destroys the various parts of the organisation, are scarcely of less moment; and to pathology, as the expounder of the effects of disease in the dead, and the only basis on which any correct prophecy of consequences of disease in the living body can rest, constant attention must be given. But remember, that the light radiating from these various centres must be brought into a small focus, it must be concentrated as by a burning glass on disease: collected from every science and from every source, it must bring powerful aid to the discovery and removal of that which is morbid, and to the restoration of perfect health: failing these glorious ends, it is knowledge only, it is but science; but accomplishing the renewal of this great lot of human blessings, it approaches more nearly to perfection, and being fitly employed to this great and last end, it becomes wisdom, and deserves to be ennobled by the appellation of the healing art. But, Gentlemen, what I have thus imperfectly attempted to portray as the object of the practitioner of medicine, a philosopher and divine, now dead, sketched with such unparalleled power and beauty, that I cannot resist detaining you by its recital.

"The skilful physician, by a sublime process of experiment and induction, has ascertained, to a great extent, the relation which the corporeal frame sustains to the various objects, both natural and artificial, with which the shores of nature are fraught. He has extorted her secrets, and has summoned her powers in aid of human distress and infirmity. He has fetched from the bowels of the earth, from the caverns of the ocean, and from the boundless fields of air, the most powerful antidotes to disease. He has levied a contribution from all the departments and provinces of nature, and compelled them to yield their service to man, in all the varieties of physical disorder to which he is exposed; and whether it be requisite to brace or to relax the fibres of the breathing frame, to retard or to accelerate its motion, to stimulate or to depress, to quicken its energies or to allay its agitation, he makes them minister to his purpose, and become the agents of his will. He has discovered the art of converting into useful ingredients substances deemed essentially noxious, and of extracting antidotes from poisons. Thus he vindicates from rash and presumptuous infatuation the beneficence of nature, or of its great Author, by showing that all which 'he has made is very good.'"

But it is necessary that I proceed to explain the method or plan of instruction, by which such power of healing is to be obtained. Let it be borne in mind, that in the attainment of such a faculty there is scope for the highest intellectual powers; and its exercise, to be successful, must be associated with the full play of the best sentiments of our nature. I need scarcely add, as a brief summary of the whole, that the practitioner of medicine must comprehend the relations by which man is linked with nature and with the race at large. He ought to know their powers; if he does not understand their motives, he should at least observe their pursuits and conduct, for all this is practical wisdom.

If any of you, about to commence the proper studies of your chosen profession, were to ask me, whether I thought you were likely to be eminently successful, I should make some such observations as these. If a mind, naturally sound and moderately strong, has been rendered pliant and active by judicious preliminary studies, which, instead of confusing by their number and variety, have, by their select and instructive influence, given vividness to the perception, and accuracy and strength to the faculties; if the memory has become retentive, the imagination full of light and truth, and the judgment discriminating; under such circumstances, a large measure of attainment may fairly be predicted: but still recollect, that the studies of which these are the results, whether they be mathematics, or language, or general science, are only preparatory, they have broken up the soil, and have rendered it fit for the reception of that seed, which, in its flowers and fruit, is to constitute the ornament and reward of your professional life. It might be thought, from what has been lately propounded as essential for the preparation of a medical man, that he must be a perfect classic, a profound mathematician, an expert mechanic, an accomplished chemist, an astute metaphysician; and these only to fit him for his novitiate, constituting the *toga virilis*, his preparatory degree. He must be, indeed, more wonderful in his endowments than the admirable Crichton; and instead of spending a few of the years of his early life in such studies, he must have employed many of the years of mature intellect before he could have mastered one-half of what these advisers deem it essential he should know, even as initiatory to his proper studies. If I were to single out one faculty, as more especially advantageous to a physician than the rest, it would be observation; but pre-

liminary to its exercise, the student must read and think. Nor must the order of the precept be altered. If you think without preparatory knowledge, you will often think in vain; if you observe without knowing the objects on which this instrument of the mind ought to operate, your observations will avail but little; if you experiment without an acquaintance with the objects already settled by previous philosophers, you will often find to your disappointment, that your supposed discoveries are really only facts, already well known. But if, with steady purpose, you first acquire a knowledge of the principles laid down by master minds, and which by lapse of time, and the concurring testimony of kindred intellects, have already attained to the dignity and worth of established truths; if, after having arranged these into a system of your own, and if by frequent mental exercise you have rendered your faculties nimble and your perceptions acute, then the method of prosecuting your further inquiries, "the process of induction," first promulgated by the immortal Bacon, will enable you not to theorise and infer, but to observe and experiment with a power and effect unattainable in any other way.

Some men begin at the end; others remain stationary at the beginning; and a third class, after a slight and slow advance beyond the first principles of medicine, always continue pupils, and never become masters of their calling. Such men blame the art, when the artists alone are deserving of censure.

Let me, then, urge you to acquire, first, a correct knowledge of the organisation, the construction of the human fabric; for it is certainly true, that without a knowledge of the various parts of a ship no one can be a sailor; without a comprehension of the principles of support and resistance, pressure and counter-pressure, no one can become a builder; for without an accurate insight into the properties of numbers and the power of physical forces, can any one become a mechanic; and, clearly, without a profound acquaintance with the various organs of the bodily frame, the agents by which they are moved and protected, can any individual become an accomplished practitioner of the healing art. Nor is less attention to be bestowed on physiology and on morbid anatomy; only that these, especially the last, are the occupations of the more advanced student. The better we understand medicine, the more completely shall we be convinced that the different departments of the science do not exist independently and alone, that they are but the analysis of one harmonious whole, the confederated parts of one great economy. Thus, if an individual were, for the first time, to be shown an isolated part of a ship, a single and detached apartment of a palace, or an unconnected portion of a complicated machine, he would form a very partial idea of a perfect ship, a very erroneous notion of a finished palace, and an equally faulty conception of the skill and ingenuity of the completed mechanism; and so it is in reference to medicine, to know its physiology without its anatomy, or to be acquainted with both these and to be in ignorance of its pathology, would leave a student at an immense distance from the complete comprehension of the healing art. While employed, therefore, in a contemplation of the characteristics of man, while you are just entering the portal of the wonderful edifice he inhabits, intending in after-periods, as I hope, to penetrate its innermost recesses, carry with you from the beginning a knowledge which you can scarcely fail to acquire in your walks through the wards of this great hospital, of the simple properties of that extraordinary principle, life, which has erected the whole fabric, and for a time preserves it superior to decay; and you will almost anticipate me in the declaration, that however numerous may be the branches of this science of man's animal and organised nature, yet that there must be some few simple and master principles, whose subtle energy animates, pervades, combines, and regulates the whole system. Thus medicine, in its entire extent, presents delightful occupation to widely-different orders of minds,—to those whose chief pleasure consists in detail and division, there is enough to gratify years of a minute, sectional, and laborious toil; while to others, whose intellectual nature compels them to inquire into the essences of things, and the primeval laws by which they are governed, the physiology of man (a part only of medicine), places before him a field, I had almost said a universe, of enchanting inquiry.

I know, Gentlemen, if it were right to yield to the temptation, which of these roads I should pursue; but I also know, that, for practical purposes, neither the one path nor the other must be exclusively selected. If you enter the temple of medical science, merely as a devotee—if an enlarged knowledge of the extraordinary phenomena with which the nature and organisation of man is so redolent, so replete, be your only object—if your circumstances and your position in society justify such a choice, I can promise that you will draw from such pursuits as these, refined and exquisite gratification. It is true, that in the intricacies of ultimate corporeal structure you will be often lost; and in attempting to unfold and elucidate the primary laws of man's nature, their very oneness, their singleness, their simplicity, will baffle you. Profound investigation was long pursued, before Newton and Hunter understood that vastness, perfection, and certainty in the working of an infinite mind, were the result of the undisturbed agency of one or two great harmonious principles. It is true, that in these inquiries into the essence

of man, you will often touch the barrier, beyond which you cannot proceed; in these concealed and mysterious recesses of animal organisation, you will wish for purer light, you will long for means of inquiry more penetrating and of greater power; but allow me to say, that you will never return from these researches without ample remuneration.

The discoveries of Harvey and Hunter would never have rewarded and immortalised their exertions, if they had bowed to the difficulties which met them in the very threshold of their career. I feel confident that days and weeks of confused and hesitating thought were often the prelude to periods of delighted and clear perception; and that frequently, when they had given up all for lost—when it appeared to them that there was no way out of the labyrinth—a conception, at first faint and dim, but becoming gradually brighter and less involved, conducted them, when they had least expected it, to the development of some momentous truth, and to the solution of some most difficult and perplexing problem. I can easily conceive, then, with what joyous ardour they would renew their inquiries—they would ask questions of Nature still; nay, their requests to unveil her secrets, would be more urgently preferred; the light, which had already broken in upon them was the pure light of commencing discovery, communicating to the human mind the most grateful impression it can possibly receive; the new light they had acquired was the superior and satisfying knowledge of nature: thus prompted, they pursued their researches, till Harvey revealed the circulation, and Hunter communicated to the world not one only, but a series of invaluable discoveries. Such great discoveries can only arise (and on this point allow me to fix your attention) from extensive and accurate acquaintance with anatomy, chemistry, and the sciences properly subsidiary to our profession. Not from a superficial, but from the deepest insight into nature's laws, do such revelations emanate. The echoes, scarcely fainter than at first, of these unfoldings of nature's secrets, still resound through the intellectual world: and it is a matter of just pride, that in England, and by English minds, these and subsequent triumphs have been won. Glorious as is our country for just laws and enlightened principles, she is not less so for mental and physical science. Again, permit me to say, look upon all these developments as subsidiary to the "great art of healing," "distinct as the billows, but one as the ocean;" they are only subservient to their true end, when they harmoniously converge, and at length touch in one point, and that, the removal of disease, and the restoration of health.

But I am unwilling to enlist your sympathy, to engage your admiration for the physiologist alone; there is another individual, I mean the accomplished practitioner of medicine, who is entitled, I think, to a still higher meed of praise.

The application of a discovery, however brilliant it may be, its conversion to the remedial purposes of the healing art—its dependence, for curative results, on its adaptation to various systems, demand the efforts of an acute and laborious mind. It must, too, be remembered, that the physiologist can prosecute his researches under genial circumstances, when his intellectual perception is not only acute but comprehensive—when his mind can call up with accuracy and effect, facts and doctrines already revealed, and when it stands almost on tiptoe, at least in the attitude, to descry and to grasp, while yet nascent and remote, the shadows of coming discoveries. But the practitioner in medicine is far differently placed, he must be prepared at all times, independently of mental or physical listlessness and fatigue, to administer to the varied ills of humanity, promptly to stay the progress, to alleviate the pain, and to arrest the danger of disease. He must not rest only on physiology; and here, perhaps, we see most conspicuously the advantages of the employment of different orders of minds in the different branches of the same art or science. Anatomy and physiology are ultimately blended with pathology, and you know how essential are the contributions of all to the detection and cure of the diseases of the living man. To illustrate what I mean, one can scarcely imagine Mr. Hunter stepping aside from the fascination and absorbing interest of his lofty pursuits, nicely to analyse the shades and varieties of disease, or to investigate with minute accuracy the less prominent and latent properties of a variety of remedies; and yet, without this, medicine is but an abstract science, instructive and interesting truly, but wanting the main, the essential ingredients of its worth—the knowledge by which the existence of disease is ascertained, and the skilful power by which its injurious ravages are arrested. In these pursuits, I rejoice to think, that the father and founder of modern medicine, the illustrious Sydenham, the English Hippocrates, had no superior, and that to this day he may be placed by the side of Mr. Hunter; and of both it may be said, that their names and their deeds are a sufficient guarantee, that their researches have been carried to the utmost extent of human sagacity. If they have not achieved all which our prying curiosity may desire, they have done much, exciting in our minds, by the wonderful and astonishing processes they have revealed to us, an intense, an almost insatiable desire to know the whole.

We may regard Mr. Hunter as the interpreter of nature in health, and Sydenham as equally gifted in the interpretation of her indications in disease. The truth and simplicity of both, their genuine devotion to nature,

their philosophic and elevated abstraction from all that was pecuniarily selfish, have procured for them an unchanging reputation.

You will now, Gentlemen, I think, fully understand, that medical knowledge cannot be hereditary; it does not descend like the honours of an ancient and illustrious peerage, from father to son; nor can it be bequeathed, like an estate or like a heap of gold. O, no! it must be personally acquired: mind, observation, untiring industry, are the agents to be employed.

But I must still be more precise. Although happily for me, and I am sure those of you who had the same fortune to hear my friend and colleague, Dr. Addison, last year, will agree in the remark, that nothing can be added with effect to what he then said. In that memorable address, he pointed out, with an eloquence and power, the impression of which will long abide, the exact course and the peculiar studies, which the student in medicine ought to pursue. Not only do I owe him much for the gratification which his lecture afforded me, but I am under still deeper obligations to him for relieving me on this occasion from the necessity of going through a difficult yet most important detail.

Still I cannot but urge upon you, as I know that many may be compelled to practise their profession early, and because I know that most who enter it, hope and intend to live by it, to devote as much time as you can properly appropriate to the study of disease, to its diagnosis and treatment. Without any reservation, I recommend you to study the profession as a science; but remember, that it is eminently practical. On this ground it is that I exhort you, after you have acquired the principles of medicine, to watch disease; and where can you do this with such effect as in the wards of a vast hospital? At Guy's, you will see your vocation on the largest scale; and deeply will you hereafter repent, if you permit the unparalleled opportunities which are now presented, to pass unimproved. Dont expect daily novelties: a new operation—a new disease—a new theory—a real discovery are rare events. But even without all these, without the addition of even one solitary new fact, there is, if I may say so, still enough to occupy all the powers of the most acute and comprehensive mind. There are things essential to a physician and surgeon, which may be acquired apart from a large hospital; but the proper business of medical life can only be learnt here. It is here you see the sick man, and contrast him with the man in health—it is here you see nature diseased and in distress; and contrast her with nature as you wish her to be, and such as you hope, by skill and kindness, shortly to make her. These wards, Gentlemen, are open to you; look carefully at the portraits they contain—study the lineaments and features presented by each individual case, till you have entirely mastered it, and have stored it up in your mind as complete and perfect knowledge. Dont walk the hospital, but regard it as your study—the place in which you are to learn the most instructive, yea, invaluable, lessons. A general who has commanded only at reviews and on a parade, can never be placed on an equal footing with one who has won his reputation, and secured his rank by achievements of danger and tried service in the field. Nor will any of the subsidiary sciences to which I have already alluded avail you at the bedside: if you have not become conversant and intimate with the aspect and countenance, the treatment and consequences of disease, you may desire, but you will not secure the confidence of the public. They will regard you as a clever and learned man; but not as a practitioner whom they can trust, or one whose courage and experience they can, in the hour of danger, fully rely. I may, without fear of contradiction, assert, that the treasurer of the hospital, Mr. Harrison, will, as he always has done, afford every facility for the attainment of this practical knowledge. I need not tell you, Gentlemen, that to his rare ability, constant zeal and enlightened liberality, Guy's Hospital owes much of its usefulness; and its medical school not only its existence, but its continued progress. Its present position—its library—its museums—its ophthalmic and obstetric institutions—its societies, and especially its clinical association, owe their beginning, their nurture and their influence, to his comprehensive and vigorous intellect. On the last occasion when we assembled in this theatre, Dr. Addison, amongst other plans for giving increased efficiency to the education prosecuted in this hospital, mentioned the treasurer's wish and intention to erect a suitable building for the lodgment of the students, in which each individual should enjoy the privileges and advantages, afforded on these particulars, by Oxford and Cambridge. Such a plan is still in existence, and, I am authorised to say, that it only waits the result of certain legislative enactments connected with the profession to justify its commencement.

I feel, Gentlemen, that I must not say much about my colleagues; happily their reputation has been long established. I need not violate good taste, nor offend the delicacy of my friends, by saying more than that the names of Key and Bright, of Addison and Cooper, of Morgan and Babington, and Callaway, Cock, and Hilton, will be found amongst the records of professiona discovery and research. They have contributed to the advancement of medical knowledge, and the preservation of professional honour; and I know an appeal may be safely made to the body of which they are members, that they have never been unmindful of those generous and kindlier feelings which adorn our common nature. But I

must not forget to mention the names of my younger colleagues. They, too, have made rapid progress; and I feel sure that the time is not far off, when, in gazettes and publications of their own, they will add lustre to the hospital and school, on which they are now bestowing the fresh and vigorous strength of early life.

I feel, Gentlemen, that I need say but little on the reward of the knowledge which I have been exhorting you to acquire; its incentives have been sufficiently explained in the course of this address.

Do you then ask, what are the rewards of such knowledge? It were easy to declare them. Apart from it you cannot efficiently practise your vocation. For a time you may be successful; Nature and Providence combining to shield the object of your ill-judged efforts; but, by-and-bye, the rewards of your ignorance and temerity will come. The contempt and distrust of your patients, instead of their confidence and gratitude, will at length awaken you to a sense of your mistake. But wait not for such a result; study nature and disease now; abstract yourselves from selfish indulgences and varied employments; fix your chief attention on the legitimate objects of your chosen pursuit. Be assured, that jealousies and contentions, unfortunately so common in professional life, will lose their power to distress and perplex, just in proportion as you feel that you have drawn living knowledge from Nature herself. Commune then much with her, and your minds will be elevated above the influence of these debasing passions. This kind of devotion to the proper business of your chosen lot, will prepare you to bear the strokes of adversity and the disappointments of life with equanimity; and if you love truth, and pursue your career with honour, you will by their combined influences, and by the guiding power of Omnipotence, be prepared for better and holier pleasures hereafter, without which immortal hope, life itself, would be undesirable and valueless.

ANATOMY AND PHYSIOLOGY.

INTRODUCTORY LECTURES

DELIVERED BY

PROFESSOR SHARPEY, M.D.,

IN

UNIVERSITY COLLEGE.

Lecture 2.

Gentlemen:— Before commencing the business of to-day's lecture, I would say a few words on the books which I recommend you to use. You will require Professor Quain on anatomy. The first part of that work is occupied with general anatomy; and though it is not so fully treated as in some works especially devoted to that subject, yet inasmuch as it is more modern than them, more up to the present state of the science, it is in this respect preferable. There are other works which treat professedly of general anatomy, such as Bichat's, Badcock's, Gregory's, and my friend Mr. Grainger's. Some of you may possess these, and therefore will have an opportunity of consulting them. In the work of M. Berchardt, recently translated into English, you will find a rich store of information; but it is considerably behind the present state of our knowledge. I would recommend you to use in the following lectures, as a text-book, Professor Müller on physiology. I am happy to say that the original work is now completed; the last part has just been received by the translator, and will be finished before the close of the present session. I am aware that this work has been objected to by many as being rather too difficult for young students, but it is the only work with which I am acquainted which contains a sufficiently full statement of the present state of knowledge on physiology; in fact, it is the only book which is not very considerably behind it. I shall endeavour to smooth, as far as possible, the difficulties which you will meet in reading it. It is not necessary to commence with Müller's physiology immediately; the first part of this course, except a few lectures on general topics, will be occupied with general anatomy, which you will find very briefly, but intelligibly, stated in Professor Quain's work. There are more points to be adduced, which you will hear in this place. I may mention one or two other works on physiology, because some may feel inclined to extend their reading farther. I admit that Müller's work is not without objections. There are long discussions introduced, more in the shape of original memoirs than what is suited to an elementary work of instruction; the most serious imperfections have, however, been remedied by the translator. To those gentlemen who think that Müller contains more than they want, I would recommend a work recently published by Dr. Carpenter, of Bristol. It has this advantage, it is very much up to our present state of knowledge on the subject; it is, however, of a general character, and extends as much to the physiology of the lower animals as of the human subject. It is written in a clear style, and is well illustrated, so that upon the whole I can recommend it to your perusal. There are several of what may be called standard works on physiology, of established reputation, which you may have an opportunity of consulting. I may mention one or two. The work of Dr. Bostock is chiefly useful for the learning it contains, and its references to other books. There is a vast store of reference to the literature of physiology;

perhaps it is a little redundant on this point. It is clear and intelligible; but it is considerably behind the present state of the science. Dr. Elliotson's work on physiology is an extension of Blumenbach's, greatly modified, altered, and improved; and I can in all respects recommend it to your perusal, but more especially for its remarkable illustrations of the facts and doctrines stated. It displays great learning, and is deservedly highly popular. Of course it is no disparagement to books of older date that I do not mention them: the best proof of which is, that I have not put down Haller's "Physiology," eight volumes quarto, of course far too ponderous a work for ordinary reading, but at the same time a work which you may consult with the greatest advantage. All that was known up to his time, you will there find lucidly and clearly stated with singular order and most sound criticism. I may mention, for the sake of the young student, that Haller was the great founder of modern physiology; and it is still a book which I find indispensable both for anatomy and physiology. The anatomy of the internal parts are treated of there more fully than in any other book. Many facts announced as new in modern books are contained in Haller. It may be useful, in order to elucidate these lectures, and to fix them better in the memory, that I should occasionally advert to comparative anatomy. I do not speak of the full study of that subject, to acquire a perfect knowledge of which you must apply to the proper teacher. But I should recommend you to consult Dr. Grant's work on comparative anatomy; a book respecting which I shall not say more, and that for a very obvious reason. Such are the books which you may consult with advantage; some as text-books, and others for occasional reference.

I intend to devote the remainder of the hour to-day wholly to the younger part of the class, by taking a rapid sketch of the constitution of the animal economy. In doing so, I shall state many things well known to you already; but I trust I shall state them in a tolerably clear, connected order, and that they will prove useful, because they will tend to illustrate some discussions and remarks, which will occur when we enter on the more serious part of the course. Various terms and points will, on this account, be more clearly understood.

In the bodily constitution of man, there are three great objects to be provided for. In the first place, it is necessary that he should be aware of the presence of surrounding objects; that he should be able to express his feelings, and accomplish his rational desires; in short, it is necessary that he should be able to hold intercourse with the external world. Secondly, it is necessary that provision should be made for the growth of the body till it has arrived at maturity, and for maintaining it against the constant waste to which it is subjected. Thirdly, seeing that the life of man, of animals, and, indeed, of all organised beings, is limited, it is required that provision should be made for the continuation of the species, so long, at least, as it is consistent with the scheme of Providence to maintain them on the face of the earth. To accomplish these ends, we accordingly find that man and the higher animals are provided with three classes of faculties, or functions, as they are termed. First, man is provided with sensation—the faculty or sense by which he is made aware of the presence of external objects; secondly, with the power of motion, by which he is enabled to act on those objects, or to move from one place to another to accomplish his desires, to fulfil his wants, and so on. Moreover, by means of the voice and various gestures, he is enabled to express his feelings; which function we comprehend under the general term of expression. The functions of sense, of voluntary motion, and of expression, are called the functions of *relation*, because they place him in relation with external objects. They are also often named the *animal* functions, because they are, in a great measure, peculiar to animals; we do not find that they extend to the vegetable world. Secondly, in order to provide for the growth and to repair the waste of the body, men and animals are endowed with *nutritive* functions, or functions of nutrition. Under this head is comprehended digestion and assimilation, by which food is converted into their own substance—the circulation of the blood, respiration, the various processes of secretion, and so forth. Lastly, for the continuance of the species, a series of functions are also provided, which are classed under the name of the *reproductive* functions. The two last classes, the nutritive and the reproductive, are often named the *vital* or *natural* functions.

Now these different classes of functions are performed by certain organs, which are named the organs of motion, sensation, nutrition, and so forth; and it is to these that I now intend to direct your attention.

First, the organs of locomotion are passive and active; there are parts to be moved, and there are moving powers. The passive organs of motion are the bones which, in their connected state as they exist in the body, constitute what is termed the skeleton. To this I wish, for a few moments, to direct your attention. The skeleton is not simply an organ of motion; and hence we find, in this first instance, an example of the well-known principle, that nature is sparing of means—it is calculated to serve other purposes besides those of locomotion. For instance, it is by means of the hard part of the body or skeleton that stability is given to the whole frame; it serves to keep the

parts in their due position, and to maintain the figure of the body; and hence it is an organ of support. Nay, we find a certain correspondence between the figure of the skeleton and the general outline of the body. In the human subject this is obvious, and it also occurs in most animals. I may, however, remark here, that some animals have no skeleton, of which we have a good illustration in the snail; and here the form is far less definite, or subject to more extensive changes than can occur in the human body, or those animals which possess a true skeleton. The skeleton, besides serving the purposes I have enumerated, is also an organ of protection to important organs of delicate structure. For example, the head protects the inclosed brain; the socket protects the eye from external injuries, and the heart and lungs are protected by the ribs. This is too obvious to require further illustration. The skeleton is connected together by movable joints constituting the active organs of motion; and by means of these, the body is carried from place to place. It is worth while to direct attention for an instant to the admirable provision which exists in the skeleton for these purposes of motion. On turning to any of the movable joints, you find that for the sake of security they are united together by an extremely tough substance called *ligament*. This ligamentous substance, although extremely strong, is, nevertheless, so pliant, that it permits of a certain motion, and prevents the parts from being torn asunder. But, in addition to this, there is a provision for facilitating motion. The surfaces of the bones, where they meet in the joint, are adapted to each other. The eminences of one bone are received into corresponding depressions in another—the eminences and depressions mutually correspond, the asperities are rounded off, and the surfaces are rendered smooth. But this is not all. On examining a fresh joint, you find that the hard naked surfaces of the bones are not made to move on each other, but are coated over by a firm, yet elastic, and, to a certain extent, yielding substance, which is familiarly known as *gristle*, but in anatomical language cartilage; by means of this the motion is made smooth, the jarring effect is obviated, and the shock is greatly diminished. A man, falling on his feet from a height, had the bones been in contact, would have felt the shock through the body, but the cartilage prevents it. If you will allow the comparison, though you may now think it a stale one, it serves the same purpose as the elastic springs fastened behind railroad carriages to prevent the concussion when they strike each other. There is also another provision, to facilitate motion. On opening a recent joint you find it lubricated by an unctuous fluid, which serves the same purpose in a joint that oil does in a hinge; but when I compare it to oil and call it unctuous, I do not mean to say that it is oil—it more resembles albumen, or the white of an egg, and is called *synovia*. This is formed by a membrane which lines the whole interior of a joint, and is termed the *synovial* membrane. We thus see the provision established to give security to, and facilitate the free motion of, the joint.

Having considered the adaptation of the skeleton as a passive organ of motion, it remains to consider what are the moving powers. I may here remind you of what is called the *red flesh* of animals, but technically speaking, the *muscles*; these constitute the active apparatus of locomotion. This red flesh is composed of fibres bound together in bundles, each separate mass or bundle being termed a muscle; these fleshy fibres have the rare property of shortening themselves, of contracting on the application of stimulants. In taking the skin off an animal recently killed, you must have seen a certain quivering or palpitation of the flesh. This is attributable to the property of contraction in the muscle: it is produced by the contact of the air or the edge of the knife which accidentally wounds it. These muscular fibres so collected into bands, and being usually more or less of an oblong form, are attached to the extremities of the bones, and pass over the joint from one bone to another. It is clear that a muscle contracting in this manner must, by shortening itself, move the joint. But the next question which presents itself is, how is this property of contraction made available for locomotion? How are the different movements of the body subjected to the will? But I must here premise, that while a great number of the muscular parts of the body are obedient to the will, there are others which, for wise purposes, are placed wholly beyond its control. The muscles of the heart are withdrawn from the influence of the will, because it would not have been consistent with the ends of Providence to have left such an important function as this to our own caprice. But with regard to the movements of the limbs, the voice, and so on, these are subjected to the will, and hence they are termed *voluntary* movements. But the question still remains, how is the influence of the will conveyed to the muscles? This is effected through the means of the nervous system, to which I must shortly direct your attention. Imagine to yourselves a soft, pulpy substance usually in those cases where it is only rendered still softer—this is called *nervous substance*, or *nervous matter*. Nervous matter is collected, in the first place, into a large mass within the skull, and termed the *brain*; another portion extends down the canal formed by the bones of the back, and constitutes what is called the *spinal cord*, or *spinal marrow*. A third part is spun into fine threads, which are collected together in cords, and these are named

nerves: these nerves are connected at one extremity either with the brain or the spinal cord, and are spread out on the different parts of the body; some of them proceed to the skin, some to the muscles. It is through the medium of the nerves which proceed to the latter that the influence of the will is conveyed to them. In some inexplicable manner the brain is constituted the medium by which this influence is made available; and thus we say, though it is a figurative expression, the influence is carried along the nerves: you may ask what are the proofs of this? They are abundant. It is necessary that the brain should be entire. A violent injury of this organ destroying its texture will also destroy volition; in the same way the integrity of the nerve is necessary. By cutting a nerve going to a particular muscle, you cut off all the influence of the will over it; by cutting a nerve experimentally in an animal, or accidentally in the human subject, all voluntary command over the muscle becomes lost. In the same way, if you excite a nerve going to a particular muscle, you cause it to contract.

But I hasten to call your attention to the organs of sensation; another of the animal functions, or functions of relation. This, again, is effected through the nervous system; we are made aware of external objects through the medium of the brain. When I touch the table, I am made sensible of it through my fingers, the impression is conduced along the nerves as far as the brain, and there I become conscious of it in some way not explained. But that the nerves are concerned in sensation in the way I have mentioned, is obvious; for the varied parts possess varied sensibility—some much, some little. The extremities of the fingers are far more sensible than the bones, the ligaments, the tendons, and so on. We find that those parts which possess much sensibility are provided with numerous large nerves, whereas those that are comparatively destitute of that property have either few nerves or none at all. Again, by a parallel mode of reasoning to that which I employed before, when a nerve is cut, all sensation below the part where the section is made, ceases. Nay, if a nerve is merely compressed for a time, so long as that pressure continues sensibility will be obliterated. You must be aware of the effect of accidental pressure for a considerable time upon the nerve which passes near the skin, and therefore in an exposed situation, behind the elbow. It is followed by a numbness on one side of the ring finger; and, by attending to the anatomy, you will find that that is the direction which the nerve takes. This being the part deprived of sensibility, it is clear that it is owing to the pressure of the nerve—remove the pressure, and the sensibility returns—apply it again, and sensibility is cut off as before. But the impressions produced by external objects are not all of one kind. The contact of bodies is one kind of impression; light emanating from bodies produces another kind of impression; vibrations proceeding through the air—those of sound—cause a third impression; odoriferous particles emanating from bodies produce a fourth impression; and sapid particles which escape from bodies produce a fifth impression. The five impressions which we recognise here,—there may be others which we cannot distinguish, but those which require a special contrivance for their perception,—constitute the objects of the five senses of feeling, tasting, smelling, hearing, and seeing.

In order to make us aware of these impressions, and convey a definite knowledge by means of them, the body is provided with what are called *organs of sensation*, or *special sense*. These organs differ from each other in their degree of complexity: for example, those destined for the sense of touch are far less complex than those destined for raising impressions of light. In other words, the sense of touch differs less from ordinary sense—nay, some call the sense of touch a general sense diffused over the whole body. We know that it exists over the whole of the exterior surface, and over many of the internal surfaces, as the inside of the mouth, the throat, to a certain extent the stomach, and the alimentary canal, &c. But, in order to give us definite intelligence respecting bodies, the extremities of the fingers are specially set apart for it, being supplied with large nerves. The skin, also, is adapted for the favourable reception of impressions. The most sensitive skin is placed on the hand, and is admirably fitted to be applied to external objects very accurately, so as to give us a perfect idea of the surface which we grasp. The skin here is soft and elastic, by which we are enabled to press it against a substance without injuring the nerves. Again, in consequence of free motion being required, the arm to which the hand is appended is endowed with a large scope of movement to facilitate the use of the organ. Hence the hand is, so to speak, a special organ of sensation, and it acquires a dignity which does not attach to other parts of the body. But when we turn to one of the more complex organs of sense, we find a more elaborate provision; time, however, only permits me to give you a brief idea of the nature of the organs of sense. To constitute an organ of special sense, such as speaking, hearing, &c., it is necessary to have a special nerve. There must be a special nerve to receive the light; secondly, it is necessary that the extremity of the nerve should be modified in a particular manner so as to receive the impression. This will be best understood by an example. In the eye, you find that the nerve, after proceeding to the organ, spreads out into a

delicate membrane behind the retina, upon which the light falls. But the impression of light coming from distant bodies would be of no avail in giving a notion of figure, distance, position, and so on, seeing that it is not defined on the surface. In order, however, to produce the effect wanted, we have only to use a simple artificial contrivance, viz., a common lens. Precisely the same principle is employed in the construction of the eye. There is a part within the eye called the crystalline lens, which serves to convey the rays of light in such a manner as to form a definite impression on the retina, and thereby convey a definite impression to the mind. In the construction, therefore, of an organ of sense, there is required the special nerve, the special modification of the nerve, and a physical apparatus in order to alter and modify the impression, whether of light or sound, in order to convey useful and definite information. Voluntary motion, as to voice and expression, I need not illustrate.

I hasten to speak of the second class, the nutritive functions. The immediate source from which new matter is supplied to the muscles and nerves, and by which waste is repaired, is the blood. The blood, however, serves at least two purposes in the economy; it not merely affords solid matter for the growth and repair of the different solid parts of the body, but its immediate presence is necessary in the more important organs for the purpose of stimulating them. Even a momentary cessation of the circulation of blood through the brain causes a suspension of life, and all consciousness and power of motion are lost. That it serves to nourish the organs you can readily conceive, from the fact that the blood itself contains a great deal of solid matter. Every one is aware that a large quantity of solid matter separates from the blood when it is drawn from the vessels and forms a clot; but, besides this, the serous portion which remains contains a great deal of solid matter. If it be heated, it will coagulate similarly to the white of egg. It is evident, therefore, that the blood already contains many of the elements which are employed in the solids of the body; but how is it to be conveyed to the different parts of the system? To explain this, I must call to your attention the organs or function of circulation. The great moving organ of the blood is the heart. On being cut open it is hollow, it is hollow with muscular parietes formed of involuntary muscles. It is divided in its centre by a partition forming the right and left sides, which, in the natural state, have no communication with each other. From the left side of the heart the blood is propelled along a large vessel named the great artery or *aorta*, which extends itself by frequent subdivisions, becoming smaller and smaller, and constantly increasing the number of branches to nearly all parts of the system. The branches become at last so small and numerous, that they are termed *capillaries* or hairs, along which the blood is forced by the muscular contraction or impulse of the heart. In passing through these vessels it is brought into the near vicinity of the textures of the body; I do not say into contact with them, for the coats of the vessels are imperforate, but they allow the blood to pass through them like blotting paper. A portion of the blood is thus added to the solids; but having passed through the fine vessels, it is again returned to the heart by means of another set of vessels, different from the arteries, called veins. They receive the blood from the arteries, the small branches unite, and become larger and larger till they constitute two great trunks, which return the blood to the right side of the heart. But I stated that the two sides of the heart did not communicate; and the reason is, that the blood, in passing through the fine vessels, has become changed in its nature; instead of being florid and red, as when it passed from the heart, it has become of a delicate purple colour; but it has also undergone a change in its properties; it is no longer fitted for nourishing, and still less for stimulating the distant organs. Accordingly, when it is returned to the right side of the heart by the veins, it is not allowed to mix with the fresh blood on the left side of the organ until it has again been changed from the dark to the red colour, and this is effected by its exposure to the air. To undergo this process, it is sent from the right side of the heart to the lungs by means of the *pulmonary* artery, which ramifies in the lungs; the lungs are two hollow organs situated in the chest, the cavities of which are supplied with air by means of the windpipe; the windpipe terminates by a multitude of fine branches in the air-cells of the lungs, and it is upon these that the arteries, passing from the right side of the heart, ramify. The blood contained in these arteries is thus brought near enough to the air to be acted upon by it, and have its colour changed. Having been thus renewed or changed it is again rendered fit for circulation, and is conducted back from the lungs by the pulmonary veins into the left side of the heart. It thus appears that the circulation consists of two parts: first, the circulation of fresh arterial blood through the system, named the *aortic* or great circulation; and, secondly, its passage through the lungs to be renewed where it passes through another set of capillary vessels, and returns to the left side of the heart, which is called the *pulmonic* or lesser circulation.

But the blood itself having given off solid matters to the body must itself require renewal. This is effected by the process of digestion, that singular operation by which various materials introduced into the body are converted into its own substance. The

aliment, after being masticated and mixed with saliva, is conducted to the stomach, where it is exposed to the influence of the gastric juice, which has the remarkable property of dissolving alimentary matters. These alimentary matters thus acted upon are converted into a substance called *chyme*; they then pass from the stomach into the intestinal canal, where they are mixed with bile from the liver, and pancreatic juice from the pancreas. Shortly after this change has taken place the chyme is separated into two parts; one of which being useless is discharged as excrementitious; and the other, the nutritious part of the food, which appears in the form of a white fluid called *chyle*, is taken up from the intestines by vessels resembling a net-work, and which, from the office they perform, are termed *chyliferous* vessels, or *lacteal* vessels, as they are sometimes denominated, from their white contents resembling milk. These chyliferous vessels, after receiving the chyle from the intestines, conduct it into one great trunk called the *thoracic* duct, which derives its name from passing up to the thorax; and at last it enters into a vein about the neck, and delivers there its contents, which, being mixed with the blood, and conducted to the right side of the heart, gradually assume, by the process of sanguification, the true character of blood.

But if new matters were added to the system *ad libitum*, it would grow to an indefinite size, and there must be some provision for their removal. Such parts as are useless are eliminated from the system, because they are redundant, and therefore not serviceable to the economy. This process of *elimination*, or getting rid of the waste, is a very singular one. In order to accomplish it, those solids which become useless must again be converted into a liquid state; they must be brought back to the blood, and then eliminated from it. Hence the blood is not only the means of conducting new matters to the solids, but also of removing the old. They are conducted to the blood partly by entering the veins, and partly by another class of vessels similar to the lacteals. The waste parts, after being dissolved, are conducted along the lymphatic and absorbent vessels, of which a great number terminate in the thoracic duct along with the thoracic vessels, and the remainder empty themselves into the veins. The dissolved parts are separated from the blood by the process of secretion and exhalation. In passing through the fine vessels with the arterial blood they approach the various surfaces, and a great many of these matters escape. A great deal is carried away with the breath, a great deal is discharged by perspiration, and some is conducted out of the body by means of the secreting organs, such as the kidneys.

The last set of functions, the reproductive, I have not time, nor is it necessary, further to illustrate.

CASE OF REMARKABLE INJURY TO THE FŒTAL HEAD,

PRODUCED BY

DEFORMITY OF THE BRIM OF THE PELVIS.

[From a Lecture on Deformities of the Pelvis, delivered at the School of Anatomy and Medicine adjoining St. George's Hospital, Oct. 9, 1840.]

By WILLIAM BLOXAM, *Esq., Surgeon to Queen Adelaide's Lying-in Hospital.*

I CONSIDER myself particularly fortunate, Gentlemen, on the present occasion, in being able to lay before you the particulars of a most interesting case to which I was called yesterday morning; a case involving some principles of high importance, both in relation to obstetric practice and to medico-legal inquiries respecting the probability of infanticide. Every fact, the truth of which is thoroughly ascertained, is invaluable to us in the practice of midwifery, when, even at the present day, as I shall hereafter point out to you, the most distinguished writers vary greatly in their statement of the space necessary at the brim of the pelvis to permit the passage of the fœtus, both in its entire and the mutilated state.

I have already told you that in all questions, the examination of the facts for yourselves is by far the most eligible mode of proceeding; yet, as the opportunities you can have of obstetric practice must necessarily be limited, you are compelled by force to rely to a great degree on the statements of those who teach or have written on the subject. I would not, however, have you admit the positions of authors on the subject of deformed pelvis without the most complete examination; for if you imbibe erroneous notions on this important subject, your future practice will be fatally mischievous.

I shall now read to you the particulars of the case to which I have alluded, which have been kindly furnished to me by Mr. Samuel Williams, one of the house-surgeons to Queen Adelaide's Hospital:—"Case of Mary Anne Fitch, aged 25, married, residing in Rupert-street; had one confinement about two years ago: she was then delivered of twins, females, before the arrival of her medical attendant. They survived only a few days. Oct. 7, 1840, 7 P.M. States that she has had slight irregular pains for the last week, disturbing her at night particularly. These having increasedin violence and frequency about 4, A.M., and continued through the day, in the evening she applied for assistance. On examination, the os uteri was dilated to the size of a crown-piece, soft and yielding, the membranes very tense during the pains, although they were carried into the uterus by the fingers

during the interval; the presenting part of the child could not be ascertained." I may here observe, Gentlemen, that whenever the os uteri is tolerably well dilated, and you cannot, on careful examination, feel the presenting part, you will do well to be on your guard, as it is very probable that some other part than the head of the child is nearest the os uteri. To resume, "the pains continuing inefficient, and the patient having had no sleep for several previous nights, half a drachm of tincture of opium was administered, and the patient desired to send again on the recurrence of stronger pains. This she did shortly before five the next morning, Oct. 8, and it was ascertained that the opiate had procured her some sleep; the os uteri was now fully dilated, but still the presentation could not be distinctly ascertained; the membranes gave way shortly after, a large quantity of liquor amnii was discharged, and the breech was felt descending. Its expulsion took place soon after six o'clock. As considerable difficulty was now experienced in attempts to extract the head, and the expulsive efforts of the mother became gradually weaker, Mr. Bloxam was summoned soon after seven. The pulsation in the cord had for some time entirely ceased." This, Gentlemen, is the account furnished me by Mr. Williams.

On my arrival, at half-past seven, I found the arms of the child placed on each side of the head. The head was tolerably firmly fixed in the brim of the pelvis; the face of the child directed towards the right acetabulum of the mother; and the ramus of the jaw might be felt immediately behind the horizontal ramus of the pubis. The pelvis at its outlet, and in as much of its cavity as could be reached, in consequence of its being occupied by the child, appeared of natural capacity. The pains had entirely ceased. I requested Mr. Williams to rub the abdomen quickly, which, after some time, had the effect of rousing the uterine action, but, to a very slight degree. During this time I brought down the arms of the child successively, and endeavoured, by pressing on the left cheek of the child, to give the forehead a direction to the right sacro-iliac synchondrosis, assisting that operation by rotating the shoulders in the same direction. In this I partially succeeded; but still the pains were totally insufficient for its expulsion, being remarkably feeble.

Friction was kept up for a considerable time without satisfactory results; and I determined to endeavour to excite the uterus to action by the use of the secale cornutum, knowing that, as the child was dead, I could at any moment extract it by evacuating the contents of the head. My chief object was to arouse the dormant energies of the uterus. A dose of fifteen grains was given in a little brandy and water, without the slightest effect. This was repeated in twenty minutes, and the friction continued. Shortly after an expulsive effort took place, and by assisting, by steady, but gentle traction of the body in the axis of the brim, the head descended with a distinctly audible snap, giving the idea that its convexity had suddenly overcome some obstruction.

Its expulsion through the cavity and outlet of the pelvis was completed shortly afterwards by the natural efforts. The placenta was expelled in a few minutes. On examining the pelvis after its expulsion, the forefinger placed under the pubic arch, and carried backwards, easily reached the promontory of the sacrum, as was also verified by the examination of Mr. Williams. The patient is now doing well.*

The child, a male, is now before you; it does not exceed the average size; the head is natural in its dimensions. When expelled, blood was seen to flow from its ears, nostrils, and mouth, indicating the degree of compression it had sustained. On the right side of the head is an irregularly circular indentation, situated immediately above and a little anterior to the ear, measuring in its diameter about one inch and three-quarters. The depth of the depression at its centre is about half an inch. It appears to implicate the lower part of the parietal as well as the adjacent part of the temporal bone. This is exceedingly well seen in the wax model which I pass round the theatre, which has been beautifully executed by my friend and former pupil, Mr. James Harrison, and which you can compare, after lecture, with the body on the table. The head in its transverse diameter, that is, from the centre of the indentation to the parietal protuberance of the opposite side, measures exactly three inches, and affords an exact mould of the dimensions of the antero-posterior diameter of the brim of the pelvis through which it passed. I have already said to you, in a preceding part of this lecture, that to allow a living child to pass, it is necessary that the antero-posterior diameter of the brim should be three inches in length, though some authors have ventured to state that a space of two inches and three-quarters is not incompatible with the life of the child. For my own part I doubt it, unless the head be less than the average size. I shall now point out to you a statement made by Dr. F. H. Ramsbotham, in his "Atlas of Midwifery," page 46, where he says, in speaking of ascertaining the antero-posterior diameter of the pelvis, "three methods are practised; one is by the introduction of the first finger of the right hand within the vagina, so that the point should be carried up to and touch the sacral promontory, while the root of the

* Oct. 12, and is still doing well.—Rep. Lancet.

finger is applied directly under the symphysis pubis at the upper part of the arch. It must be evident that this mode of inquiry will be of no avail, unless the pelvis be greatly distorted, *considerably under three inches, indeed, in the conjugate diameter.* For the ordinary length of the index finger along its inner edge is less than three inches; and as the oblique line, from the promontory to the apex of the pubic arch, exceeds the direct line across, so if there be more than the space just mentioned, the finger would not be able to reach the projection, and we should consequently be in utter ignorance what amount of room existed."

Now, Gentlemen, in this case you have an instance of a deduction from an isolated fact, a theory finely drawn from "the ordinary length" of an index finger. You will do well, under all circumstances, to watch assertions like these, to take them to pieces as it were, and compare them with the facts as they exist in nature. In the case before you, the transverse diameter of the head, from the centre of the indentation to the opposite parietal protuberance, measures exactly three inches; this indentation was produced by the promontory of the sacrum, and affords an exact mould of the antero-posterior or conjugate diameter of the brim, and is "considerably under three inches." I must not, however, leave the subject, without calling to your notice the fearful consequences which would result if this doctrine were received as fact. As you have been told that the smallest space in the antero-posterior direction through which a living child can possibly pass is three inches, and as you are informed by Dr. Ramsbotham that you cannot touch the promontory of the sacrum unless that diameter be "considerably under three inches," it follows of necessity that you would consider yourselves justified in opening the head in all cases when this point could be reached; a doctrine most mischievous, nay, murderous, in its tendency.

It is by comparing facts with the assertions of authors that you are enabled to appreciate their truth or fallacy. Be not, therefore, misled by the dogmata of any man, however high his reputation, compare, weigh for yourselves; it is your high privilege that the book of nature is open to you, and so patent that "he who runs may read." Reflect, then, for as you reflect, in like ratio, shall you practise your profession with success. I may, perhaps, be considered as encroaching on the province of my respected colleagues, the lecturers on medical jurisprudence, in calling your attention to this case in a medico-legal point.

Severe injuries, as you see, may be inflicted on the fœtal head by the act of parturition, which you might be disposed to regard as the consequence of violence applied after death. The circumstances of this case will teach you to be cautious in your evidence, and you will anxiously look for some corroborating facts before you determin to implicate the character or the life of an individual by a charge of infanticide.

EXCITEMENT OF PREMATURE PARTURITION.

To the Editor of THE LANCET.

SIR:—If you think the following cases of artificial induction of premature labour worthy of introduction into the scientific columns of THE LANCET, you will, by their insertion, oblige your most obedient servant,

EDWARD AUGUSTUS CORY, M.D., M.R.C.S.

Cannon-street-road, Sept. 29, 1840.

Mrs. H., of short stature, and about 35 years of age, had twice undergone the operation of embryotomy. I attended her for the first time about six years since, when the same operation was again considered necessary, and was performed in the presence of a most respectable practitioner. The pelvic deformity was of the reniform character, the space between the sacro-vertebral angle and the symphysis pubis (conjugate diameter) being about two inches and three-fourths. It was consequently determined, should the recurrence of pregnancy render it necessary, that the premature induction of parturition at the seventh month of utero-gestation should be had recourse to, as affording the only means of saving the infant from the murderous application of the perforator. In September, 1837, she had arrived at the seventh month of another pregnancy. From some remarks and cases which had been published by a high obstetric authority (Dr. Francis Ramsbotham), it appeared that he had completely succeeded in effecting the induction of premature labour "*solum ope secalis cornuti.*" I was therefore led to employ that substance according to the formula suggested, viz.—

Ergot of rye, 3iij;
Boiling water, ℥viij; infuse for half an hour, and add
Dilute sulphuric acid, 3ij;
Simple syrup, 3ij;
Compound tincture of cardamoms, 3iij;
Let two tablespoonfuls be taken every four hours.

The first dose of this mixture was ordered at 2, P.M., on the 14th of September, 1837. At 6, P.M., soon after the administration of the second dose, the uterine energy became slightly excited; and it was interesting as well as satisfactory to observe its gradual

increase soon after the repetition of each dose of the medicine.

On the next day (Friday), at 1, P.M., the parturient pains were tolerably active, but at considerable intervals. A vaginal examination was instituted, and the membranes were distinctly felt pressing against the undilated os uteri.

Saturday, at 11, A.M., the pains had gradually diminished in force and frequency since my last visit, and she had experienced no pain from yesterday at 4 o'clock, P.M., to the present time, and was, to use her own expression, "quite well again." The institution of another vaginal examination demonstrated that the os uteri had not in the least degree increased in dilatation, and that the pressure of the membranes, which had been previously experienced, even during the interval of pain, had now entirely subsided.

I again saw her, about 6, P.M., and found her precisely in the same situation. I was fearful of repeating the secale cornutum, lest it might destroy the infant. I therefore thought it most prudent to rupture the membranes, the distention of which had now completely subsided; and this I accomplished with the serrated nail of the index finger, with little trouble.

On the following day she remained in a similar condition, and there had been no accession of the pains of parturition. The next day (Monday) she had not yet experienced any pain, and the bowels being in a constipated state, I thought it prudent to prescribe an aloetic purgative with a carminative addition, which had the effect of freely evacuating the bowels, and exciting the uterus to action; so that early on Tuesday morning the pains of labour commenced with considerable activity, and continued without intermission until six o'clock in the evening, when she was delivered of an infant in a state of asphyxia. The child, however, was restored in about ten minutes by the warm bath and artificial respiration. The fœtal head, notwithstanding the severity of the parturient paroxysms, occupied several hours in its passage through the contracted pelvis, and, after expulsion, presented on its lateral portion an evident indentation, and was also considerably flattened. The whole process terminated as in a common accouchement. The child is now three years old, and is remarkably healthy and vigorous.

She this day (August 27, 1840,) called on me, and stated that she had again arrived at the seventh month of pregnancy, and that she wished me to institute the same means for her premature delivery which three years ago had been so successfully employed. I this time resolved to give the ergot a more complete trial; and having found, from multiplied examples, that the oxytocic powers of the powdered secale cornutum were much superior to any other preparation of that substance, I determined to administer it in that form. I may here be permitted to quote the authority of Velpeau (to whom I am indebted for much of my information on obstetrical subjects). In his "Traité Complet de l'Art des Accouchemens," tome iii., page 67, he thus alludes to it:—"La poudre fine de tout l'ergot me paraît préférable aux décoctions, aux extraits, pourvu quelle soit récente et tirée de grains bien complets et bien conservés." I accordingly prescribed a scruple of the powder every four hours. She continued it for four days, during which period she took an ounce of it. It had the effect of exciting uterine action in nearly the same manner as in the preceding illustration of its operation; but after the interval of one day in which the parturient pains were entirely absent, I was reduced to the alternative of rupturing the membranes, from a well-grounded fear that a continuance in the use of the ergot might exert an injurious effect upon the infant. She was delivered after several hours of severe suffering of a living infant, which was born under similar circumstances to the preceding one. The mother is rapidly recovering, and the child at the present time is healthy, and there is every probability that it will continue to live.

REMARKS.

The necessity for the induction of premature labour, with a pelvis constituted as in the present instance, must, I think, be evident to every well-informed obstetrician; and I am also of humble opinion, that the means so carefully adopted for the production of so desirable an object were based upon the soundest principles of obstetrical science. I am inclined to believe, and I have had many opportunities of testing the powers of the ergot during the process of natural labour, that it is dependant for much of its energetic action upon individual idiosyncracy; for I have found that on some constitutions it exercises no influence, whilst others are peculiarly susceptible of its operation. This may explain why the ergot did not, in the instances just recorded, succeed in effecting (*per se*) the completion of the parturient process. It is almost impossible to state, with any certainty, the maximum quantity which may be taken into the system, without risk of injury to the infant or its parent; but I think it may be reasonably concluded, that if one ounce of that drug be insufficient to excite and complete delivery, it would be of no utility, but, probably, dangerous to persevere in its administration. In the artificial induction of parturition in the cases under consideration, I was fully aware of the great importance of maintaining the membranes entire as long as possible, in order to be able with greater certainty to insure the safety of the infant; but as the secale failed to produce the anti-

cipated result, I was compelled to rupture the membranes, even with some risk to the infant, rather than hazard, perhaps, irretrievable injury both to the mother and child, by persevering in the administration of the ergot.

The induction of premature labour appears to have been practised by the ancient physicians, more particularly by Otius and Paulus Egineta, who recommended it in cases of extreme contraction of the pelvis; but it was not until about the middle of the last century that the most eminent practitioners in London decided on its propriety and morality. It may be laid down as an incontrovertible obstetrical axiom, that if there be less than the space of three inches, and more than two and a half between the sacral promontory and the pubes, that the induction of parturition at the seventh month of utero-gestation becomes indispensably necessary, and its utility will be rendered more evident when we consider the disproportion between a structure thus constituted and the fœtal head at the full period of intra-uterine maturity. From many and very accurate observations, Madame Lachapelle has arrived at the conclusion, that the biparietal diameter of the fœtal head at the seventh month of pregnancy, does not measure more than three inches, and sometimes even less; and therefore, allowing for its compressibility in consequence of incomplete ossification, it may be easily imagined that no very considerable impediment will be experienced in its passage through such a pelvis as I have described. The records of the science prove most satisfactorily that the woman is not subjected to greater risk by premature labour induced artificially, when carefully performed, than by spontaneous parturition at the full period of gestation. The existence of some morbid affection, rupture of the uterus, or some accident entirely independent of premature delivery, has been invariably discovered in those cases which have had a fatal termination. Denman operated eight times with complete success ("Introd. to Midwifery," vol. ii., p. 224). M. Salomon mentions sixty-seven, Kluge twelve, and Ferraris six, which also terminated successfully. ("Journal Compl. des Sc. Méd., &c.," tome 34, p. 339.) In the practice of Reisenger ("Dict. de Méd.," 2nd edit., tome i., p. 429), one died in fourteen; but Merriman ("Synopsis of Diff. Parturition, &c.," p. 161,) has not lost one in forty-six, upon whom he appears to have operated.

Artificial premature delivery does not, however, terminate so happily with regard to the infant. In forty-seven cases which occurred in the practice of Merriman ("Synopsis, &c.," p. 180), twenty-six were dead, five were born living, but not possessed of viability, and sixteen lived. Hamilton has been more fortunate, and in twenty-seven cases has succeeded in preserving the lives of twenty-three ("Ryan's Manual"); Ferraris, five in six; Kluge, nine in twelve; Salomon, thirty-four in sixty-seven; and Burckhard ("Thesis, Strasburgh," Jun. 20, 1830), thirty-five in fifty-two.

Premature delivery has also been recommended in cases entirely unconnected with pelvic distortion. Its performance has been proposed by Mai, Ritgen, and Carus, in those instances where the fœtus habitually dies some time before the expiration of the full period of gestation, as well as in some diseases induced by pregnancy, which are dangerous to the mother, as metrorrhagies, retroversion, &c. Siebold, according to Kilian, ("Die Operative Geburtshulfe," vol. i., p. 380,) practises it in ascites and hydrothorax, and M. Costa ("Revue Médicale," 1827, tome i., p. 343,) considers it necessary in diseases of the heart. Conquest ("Outlines of Midwifery"); Ingleby in his valuable work on "Uterine Hæmorrhage;" Busch ("Lehrbuch der Geburtshulfe," 2nd edit., 1833,) and other authorities, have also recommended it in cases entirely independent of pelvic distortion.

My limits will not permit me to discuss the propriety of its adoption in the various morbid conditions just alluded to; but it is evidently the only rational means of relieving the woman who has the misfortune to be affected with diminution of the natural dimensions of the pelvis, and of rescuing her infant from inevitable destruction. The operative methods which have been proposed and practised for the induction of premature labour are very numerous; but the one most usually had recourse to, and upon which the greatest reliance can be placed, is the sudden evacuation of the liquor amnii either manually or instrumentally. Some writers of celebrity have advised its gradual discharge, but the majority have decided in favour of the former, as by the sudden vacuity of the uterus, that organ is more likely to take on a brisk parturient action, by which means there will be a greater probability of saving the life of the infant. I would, however, recommend in all cases, the previous administration of the ergot, either in the form of powder, or according to the formula of my much-respected friend, Dr. Francis Ramsbotham, to whom is decidedly due the credit of having first introduced to the notice of the profession, the important fact that the secale cornutum possesses the undoubted power of exciting, *per se*, the parturient action of the uterus, and in many instances of completing the process of labour, without the necessity of any other interference.

I may add, in conclusion, another mode of procedure, which is in some degree of repute with the practitioners of the French school, although I cannot recommend it on my own individual experience. Velpeau

("Traité Complet, &c.," tome ii., p. 413,) thus mentions it:—"La dilatation au moyen d'un morceau d'éponge, comme l'a imaginé M. Kluge, est d'un effet beaucoup plus certain. L'irritation qu'en résulte est permanente, progressive, régulière, et soutenue par la pression qu'exerce l'espèce de tampon qu'on maintient en même temps dans le vagin. Sous l'influence d'une pareille excitation, la matrice entre bientôt en action, et il est difficile que le travail n'acquière pas rapidement un energie suffisante."

ON THE INSTANT TREATMENT OF CHOKING, AND OF ASPHYXIA.

BY PHILALETHES.

To the Editor of THE LANCET.

SIR:—In my former communications, pp. 104, 135, I forgot to caution the operator, in his attempt to produce artificial œsophageal, or, rather, pharyngeal vomiting, in the case of choking, to seize the little patient and place him between his knees sideways; and in this, or some other manner, *to compress the abdomen*, otherwise the power of the blow will be lost by the yielding of the abdominal parietes, and the respiratory effort will not be produced.

In the present communication, I wish to call your reader's attention to the treatment of *asphyxia*. I shall suppose the case to occur at a distance from any station of the Royal Humane Society, and, indeed, from any efficient aid whatever. Let it be that of a skater taken out of the water. The *first* thing to be done is, *to induce respiration*. Let two persons of muscular power make tourniquets, as it were, of their handkerchiefs, *across the thorax and across the abdomen*, and let both use their strength at the same instant to produce *expiration*; let them relax their tourniquets suddenly, and at the same instant, so as to allow the force of the elasticity of the ribs, and of the weight of the abdominal viscera, to act in inducing *inspiration*. Let these efforts be repeated. Meanwhile, let the wet clothes of the patient be cut off, and let a bed and cover be prepared with those of the bystanders, each sparing what his heart may prompt.

Now, let the active, not the busy, set to, and try what *frictions* with their *warm hands* may do, in restoring warmth and promoting the circulation, rubbing firmly and briskly from the extreme parts upwards towards the heart. All on a sudden let cold water be dashed on the face and abdomen, to effect, if possible, an excited act of inspiration, and then let the rubbing be again pursued with energy. With the same view and hope, the nostrils and the fauces should be irritated, for sneezing and vomiting are alike preceded by an act of *inspiration*.

If these measures have failed, inspiration must now be attempted by the force of the expiratory muscles of another person, placing his own mouth on that of the patient, whilst closing the nostrils of the latter. Such are the means which are always in readiness, and which the unprofessional person may use. The rest will be suggested by professional knowledge and skill; and it is not my present object to dilate on this subject.

I need scarcely say, that what I have stated seems to constitute the *first* remedies in cases of congenital asphyxia, and of suspended animation from hanging, the vapour of burning charcoal, &c. In these cases the full, fresh air should be allowed to fall on the patient's face; and, indeed, this is true of the cases of drowning, and, therefore, the crowd of the busy and useless should be dispersed, and the real helpers alone retained near the scene of action.

I may also suggest that, in the *first* use of the tourniquets, the patient should be placed on the face, so that any fluid or mucus in the mouth may escape, and not be drawn into the larynx or trachea.

If, Sir, I may judge from all I have heard, your readers will not regret the little space occupied in your pages by this short note. I am, Sir, your obedient servant,

PHILALETHES.

Oct. 20, 1840.

P.S.—Mr. Read is usefully employed in devising instruments for the purpose of effecting artificial respiration. One of his designs is, that of *drawing* the respired air out of the cavity of the bronchia and trachea. This he effects by means of a syringe applied to the mouth, the nostrils being closed. The *principle* of this is the admitting the *external* atmosphere to *press* upon the chest and abdomen, by removing its pressure from within. Whether this plan be more efficacious than that of the tourniquet remains to be proved.

CARBONIC ACID GAS, AS A REMEDIAL AGENT.

To the Editor of THE LANCET.

SIR:—In your report of the proceedings of the London Medical Society on Monday, October 5th, there is a mistake as to my remarks on the subject of the action of carbonic acid gas on the organs of generation in females, I merely threw out the suggestion, that knowing the effects of undiluted oxygen and of undiluted carbonic acid gases, when taken into the lungs, upon the blood and system generally, was it not probable that carbonic acid gas, when applied to the mucous membrane of the vagina and uterus, might have an effect upon the blood contained at the time in the capillary vessels, which would help to account for its local effects on these parts? I am, Sir, your obedient servant,

WILLIAM SIMPSON.

110, Guilford-street, Oct. 10, 1840.

THE LANCET.

London, Saturday, October 24, 1840.

THE second *Report of the Registrar-General* has recently been published, and we avail ourselves of the opportunity to notice briefly some of the facts which throw light upon the state of public health in this country. With Mr. LISTER we may, however, first advert to two or three interesting results, more directly connected with the social and political condition of the population.

"Almost every marriage is duly registered, and every register of marriage is signed, by the parties married; those who are able writing their names, and those who are unable, or who write very imperfectly, making their marks. Therefore an enumeration of the instances in which the mark has been made, will show the proportion, among those married, who either cannot write at all, or write very imperfectly."—*Report*, p. 7.

It was ascertained, in this way, that out of 121,083 couples married, there were 40,587 men and 58,959 women who could not write. One in *three* of the men, and one *half* of the women, in the country, cannot write their names! The signature is one of the simplest and best tests of the state of education that can be devised: for what a certain and deplorable degree of privation does not incapacity to write the name imply! No stronger argument than this proof of wide-spread ignorance can be advanced in favour of public and private efforts to promote education: for education will, as Mr. WARBURTON has observed, dissipate the quackery as well as the superstition of the age. The lamentable degree of ignorance in different parts of the country is shown. Thus, in the metropolis, of 100 adults (namely, 50 males and 50 females), 82 are able to write their names; in the northern counties, 69; in the south-eastern counties, 64; in the south-western counties, 61; in Yorkshire, 59; in the north-midland counties, 59; in the western counties, 53; in the eastern counties, 52; in the south-midland counties, 52; in Cheshire and Lancashire, 49; in Wales, 41. The pastoral, agricultural, and purely manufacturing classes, are the most ignorant. The better educated artisans and tradespeople appear to emigrate, and assemble in the metropolis; for it is not probable that children born in the metropolis are educated in the schools so much more extensively than are those born in the country, as the abstracts would imply.

The age at marriage, in England, is another fact, which is of some physiological interest, and has been considered by MALTHUS and the poor-law writers to be of the greatest national importance. In 121,083 couples married, 5628 men and 16,414 women were under 21 years of age. The ages of the men and women in 4858 marriages, solemnised in districts varying greatly in situation and character, were as follows:—

Ages.			Men.	Women.
15 and under		20	159	688
20	..	25	2536	2527
25	..	30	1150	861
30	..	35	398	320
35	..	40	219	187
40	..	45	156	134
45	..	50	103	76
50	..	55	70	38
55	..	60	39	17
60	..	65	19	6
65	..	70	4	4
70	..	75	4	..
75	..	80	1	..
			4858	4858

The average age of the men was 27 years, of the women 25 years and a few months.

It has been a question, whether the number of children is affected by the age of the parents; in advanced ages the influence is unquestionable; but Dr. GRANVILLE, Mr. FINLAISON, and others, have maintained, that whether a woman be married at the age of 20 or 30, she will have the same number of children. The question can only be answered by an extensive series of observations—observations, too, which none but medical practitioners can well make.

It will be gratifying to the medical practitioners of England to learn, that under their care the people live longer than do those

in other countries. The registrar-general has the following remarks on the present rate of mortality:—

"It is impossible, at present, to do more than approximate to a solution of the important question, What is the proportion of the mortality to the population of England and Wales? The only data for arriving at an estimate of the population for the year ending June, 1839, are the returns of 1821 and 1831. Taking the enumerations then given,—adding the Scilly Isles, which were omitted in 1821,—adding for the army, navy, and other unenumerated population, according to the statements prefixed to those returns, such proportions as may be assumed to have belonged at these periods respectively to England and Wales, the numbers will be as follows:—

1821	12,162,056
1831	14,055,562

These numbers include all who may be assumed to have incurred the risk of death within England and Wales at those periods, and whose deaths might have been registered, if an Act similar to the present had then been in operation, all of whom were not included in adverting to those returns in my Report of last year.

"With these corrections, and on the assumption that the rate of increase since 1831 has been the same as from 1821 to 1831, the population of whom the deaths might have been registered may be estimated to have been nearly as follows, at the middle of each of the two first years of registration under the present law:—

Jan. 1, 1838.—Males	7,612,967	
" Females	7,828,768	
Total		15,441,735
Jan. 1, 1839.—Males	7,723,924	
" Females.....	7,942,876	
Total		15,666,800

The deaths registered in the years of which the above-mentioned periods are the middle erms, were—

Year ending June 30, 1838.

Males.	Females.	Total.
170,965	164,991	335,956

Year ending June 30, 1839.

Males.	Females.	Total.
169,112	161,895	331,007

"Without correction for omissions, this would show the mortality to have been as follows:—

	Males.	Females.	Mean.
1837-38..	1 in 44.5	1 in 47.5	1 in 46.
1838-39..	1 in 45.7	1 in 49.	1 in 47.3
Mean of the 2 years	1 in 45.1	1 in 48.2	1 in 46.6

"Assuming that the population may be estimated as above, and that it is unnecessary to allow a greater correction than 2 per cent. for omissions in the registration of deaths, the mean mortality of the two sexes for those two years will have been about 1 in 46."

The mortality in France is 1 in 39½; in Sweden, 1 in 40½. In Germany the mortality is as high as in France; in Italy higher.

A great deal of nonsense has been written about critical ages, and on the excessive mortality of particular years of life. The annexed passage from the Report disposes of these frivolous speculations:—

"The recent births [of children] are fresh in the recollection of parents or guardians, and their age is stated with sufficient accuracy. But it is not so with respect to the ages of persons far advanced in life; many of whom, especially among the poorer classes, are ignorant of their exact age, and when they die, leave no record which enables their surviving relatives to state their ages with precision. An evidence of the vagueness attending statements of age is 'the tendency to speak in round numbers' noticed in the Preface to the Abstract of the Population for 1831, a tendency causing a great apparent excess of mortality in the decennary periods at 30 and upwards, and of which the following remarkable instances may be found in the Abstract of Ages published in the Preface to the Population Abstract for 1831, extracted from Burial Registers in England and Wales for 18 years:—

Ages.		Ages.		Ages.		Ages.		Ages.	
29	26,630	39	23,778	49	23,689	59	25,782	69	33,038
30	31,027	40	33,513	50	33,527	60	43,273	70	53,953
31	22,301	41	20,989	51	20,911	61	26,084	71	32,162

"Experience has shown that this incorrectness also exists in the statements of ages in the registration of deaths, as will appear upon reference to the abstracts for the year ending June 30, 1838."

The abstracts of ages is now very properly given, after the first five years, for quinquennial periods.

The Report exposes another fallacy which is every day fallen into, not only by newspaper writers, but by persons who profess an acquaintance with vital statistics. If, in 100 *deaths*, it be found that 38 die under the age of 5 years, it is immediately inferred that out of 100 children *born* 38 die in the

first 5 years, and that only 62 survive that age. This is only true when the population is stationary, and the births and deaths are equal; where the births, as in England, are 50 or 60 per cent. more numerous than the deaths, the error of the assumption is enormous. Thus, Mr. LISTER shows that although 38 were under 5 years of age in 100 deaths, the deaths under 5 were only 26 per cent. of the *registered births*, and, probably, not 22 per cent. of the total births. The error is still greater when classes of the population, increasing at different rates, are compared.

The rate of mortality at different ages cannot be deduced, neither can tables of mortality be constructed, or the expectation of life be calculated, for the purposes of life assurance, until the ages of the *living* are enumerated in the census of next year. It appears, however, from the general table, page 31, that the ratio of mortality decreases down to the age 10—15, and then increases regularly to the end of the period of human life. The only exception in the table to this rule is at the age 20—25, when the mortality is higher than it should be; the anomaly may, perhaps, be accounted for by the emigration at that age of so large a proportion of the population to towns, where they are exposed to all the destructive influences of an impure atmosphere.

The Appendix to the Report contains tables of the causes of death, and a letter to the registrar-general from Mr. FARR. The returns are more extensive and complete than they were in the first Report. The only important deficiency that we have remarked is, the absence of a return of the causes of death at different ages, which would, no doubt, require much additional labour; but which should be supplied in the next Report. The diseases have been grouped according to their mode of prevalence, and according to the systems of organs principally involved. The relative extent to which the sexes have suffered from each cause and class of causes, is exhibited. The causes of death in the several *districts*, *counties*, and large *divisions* of the country, are displayed in an extensive series of tables. The influence of *climate*, *seasons*, *epidemics*, is shown; and the observations have been thrown into various combinations, calculated to demonstrate the principal springs either of health or of mortality.

"The facts in the Appendix are published in sufficient detail to be available in the study of special causes; and physicians all over the country will find at their disposal the materials for investigating the various forms of fatal diseases in their own neighbourhood, and the means of comparing them with the diseases of other localities. The intelligence and sagacity of all the members of the medical profession will thus be brought to bear upon the facts in the Report; and it may be confidently anticipated that, in the lapse of time, innumerable results will be elicited of the highest interest to medical science and to humanity."—*Appendix*, p. 70.

The publication of the observations in detail, entails a comparatively trifling expense on the country, while it places an immense mass of materials at the disposal of all future inquirers. Many of the results are, of course, novel, as no private individual ever had at his disposal, or could have collected or classified, the hundreds of thousands of facts registered all over the country, however interesting they may have been felt to be, and important in their bearing on the public health.

It may be mentioned, to the credit of this country and of the government, that we have taken the lead in the publication of this contribution to national statistics: for when the causes of death are recorded, analysed, and made known, it shows that the health and life of the people are not viewed with indifference. In the "Annales d'Hygiène," the attention of the French government has been earnestly called to the subject; and a hope has been expressed that a similar Report of the ages and causes of death in France may be prepared.* The Austrian government has, we understand,

* L'Angleterre, si en arrière de la France jusqu'à ces derniers temps, sous le rapport des soins apportés a constater les naissances, les marriages, et les décès, vient de faire un pas immense, et qui lui fait le plus grand honneur.—*Annales d'Hygiène*, tom. 23.

undertaken to prepare a sanatory Report, upon a comprehensive plan; so that the observations which have been hitherto allowed to moulder in the archives of the empire, will be thrown into the stock of European knowledge. The civilised nations of the world, and their governments, will thus labour to promote the health of the world, to remove the causes of untimely death, and to diminish the sufferings of humanity,—a gratifying spectacle, if realised, and strongly contrasting with the history of times, not very remote, when the resources of nations were exhausted in destroying their neighbours, and glory and joy were sought by great men in the humiliation and misery of mankind. Ere many years have elapsed, the "great powers" will probably devote a few millions sterling to the extirpation of plague from Egypt and the coast of the Mediterranean; and admit that the project is more rational than a war, in which human blood would be poured out like water, and hundreds of millions of capital sunk, in order to decide which of two barbarians should play the tyrant in Syria; or which power should grasp the greatest number of unprofitable Turkish acres, and "protect" the greatest number of the SULTAN's indolent subjects. M. THIERS himself may discover that he is more likely to obtain "a line in an universal history,"—at least a line of well-merited approbation,—by rendering the miserable part of the population of Paris healthy and vigorous—than by expending millions in exciting their blood-thirsty passions, surrounding the city with detached forts, and impeding the air of heaven by a circumvallation of high walls, which a population of a million, without food, and decimated by sickness, could not defend.

At another time we shall give a summary of the causes of death in England; and some extracts to show to what extent they may be removed, with little trouble, and at a very moderate expense.

We perfectly agree with Mr. BOTTOMLEY in every word that he has said relative to the detestable THREEHALFPENNY club, a copy of whose rules are inserted at p. 162. It is quite certain that no member of the profession, with any pretensions to the character of a scientific man, or gentleman, will consent to become the LIVERIED SLAVE of the concoctors of the foul scheme in question. We recommend a careful perusal to be made of the rules, that medical men may see what the members of another profession evidently think of those of our own, that, seeing and believing, they may reflect, and cease,—such of them as the reference affects,—to be traitors to the body to which they belong.

WESTMINSTER MEDICAL SOCIETY,

Saturday, October 16, 1840.

Dr. CHOWNE, President.

THIS was the first meeting for the session. The president on taking the chair congratulated the members on the prosperous condition of the funds. A great part of the evening was occupied by the nomination of members to act as officers of the society during the present session.

NEW MODE OF TREATING DISEASE.

Dr. JOHNSON called the attention of the society to a practice which was getting much into vogue in Germany; it was the invention of a peasant, was denominated hydro-pseudopathy, and consisted in swallowing immense quantities of cold water, with the ultimate application of hot and cold water to the surface of the body. The patient was placed in bed, and covered over with a great quantity of clothes, and when a profuse perspiration was produced, was suddenly pushed "neck and heels" into a bath of cold water previously placed by the bedside for that purpose. The moment the invalid felt at all chilly, he was removed from the bath, and directed to take a good deal of exercise, and drink large quantities of cold water, or was again placed in bed till perspiration was again induced, large quantities of water being also in this case taken internally.

All kinds of diseases, even inflammations of the internal organs, were treated in this manner, and, according to German physicians, with much success.

It was also stated that no bad results ever followed this proceeding. Perspiration was occasionally produced by making the

clothes covering the patient quite wet. The sudden attenuations of hot and cold, thus applied to the surface, might at first appear to be dangerous: but this apprehension would cease, when it was recollected that the perspiration was of the passive kind, and not the result of bodily fatigue: during the reaction following the cold bath, there was a copious secretion from all the glandular organs. The plan of proceeding was not, however, quite so new as the Germans seemed to suppose, the Russians had long been in the habit of producing perspiration in a patient by placing him in a vapour bath, and then suddenly rolling him in the snow; a plan of treatment which had been in some cases found to be of benefit. It would be recollected, by the readers of Sir W. Scott's novels, that in one of them he related the circumstance of some outlawed highlanders who spent several weeks on the mountains during a severe winter; they kept themselves warm by dipping their plaids in the nearest stream, and wrapping themselves round with the wet garments, which, when they became dry, ceased to afford any warmth to the wearers. It was not difficult to explain how this was effected; when the flannel was wet, its pores were entirely closed, and the heat of the body retained, until a kind of vapour bath was produced, whereas, when the garment became dry, its pores were again opened.

Dr. Golding Bird had found, in ascending some of the high mountains in Scotland, that the higher he went the warmer he became. This arose from the mists of the mountain blocking up the pores of the plaid he wore; on descending he became colder, in consequence of the garment again becoming dry.

Dr. Mackenzie had seen the water plan much tried in Austria; in that country its popularity was nearly exhausted. He believed its use in Austria was restricted to hypochondriac and dyspeptic cases; it was of little benefit, and occasionally productive of bad consequences, by producing enlargement of the liver and kidneys; he had no belief whatever in its curative effects, although some hypochondriacs had professed to have been relieved by it.

The subject of the production of sleep at will, by a person calling himself the "Hypnologist," was next brought before the society. The plan adopted to effect this was, by the patient fixing his mind upon one particular object, taking a deep inspiration, and counting five, ten, or any number required to produce sleep. It had no effect in cases in which pain was present; nor would it appear, from the experience of many of the members present, to effect the desired object *in any case*. Indeed the thing was generally scouted as a species of quackery, which should only be brought before a learned society in order that it might be condemned.

Some conversation followed respecting the swallowing of the stones of cherries, as well as the fruit, a visitor having mentioned a case in which two young gentlemen had each eaten about four pounds of cherries; one swallowed all the stones, the other none of them. The first escaped with impunity, except the occurrence of a profuse diarrhœa; the other almost lost his life from convulsions. The narrator considered the stones were of benefit in the first case, by acting as mechanical irritants, and thereby producing diarrhœa.

Dr. Wm. Pettigrew related a case in which death was produced from the collection of a large quantity of plum-stones in the course of the alimentary canal.

Mr. Lambert related the case of a gentleman, 70 years of age, who had long suffered from stricture of the rectum. Symptoms of enteritis supervened on the eating of some plums, and the patient died. After death, a plum-stone was found blocking up the strictured part of the rectum, "precisely like a cork in a bottle."

Several members had seen cases in which death had resulted from the impaction of a cherry-stone in the appendix cæci vermiformis.

MEDICAL SOCIETY OF LONDON.

Monday, October 18, 1840.

The society was occupied this evening with a discussion of some length on the pathology of asthma. The question propounded had reference to the immediate proximate cause of that distressing state of dyspnœa generally denominated "spasmodic asthma." A great variety of opinions were expressed, but they offered nothing for the reporter.

Mr. Kingdon related the following fact, without offering any opinion upon its value, but bearing upon the subject of generation, always an interesting one, he thought it worthy of being mentioned:—A gentleman presented a friend with a sow in the tenth week of pregnancy; they attempted to remove the animal in a cart, but in getting her into the vehicle she fell and dislocated her thigh. Six weeks afterwards she was delivered of a fine litter of pigs, two-thirds of which were affected with great debility of the hind quarters, which, when the pigs stood up, were in a state resembling chorea. Had the accident to the mother any effect in producing this state in her offspring?

BRITISH MEDICAL ASSOCIATION.

Exeter Hall, October 20, 1840.

J. Howell, Esq., in the chair.

MEETING OF COUNCIL.

A BALLOT was then taken for the election of a president for the ensuing year; on examination of the papers, the chairman announced Dr. George Webster, the late president, to have been unanimously re-elected president for the ensuing year.

Dr. George Webster then took the chair, and returned thanks for the "honour conferred" upon him.

The following gentlemen were next elected by ballot to fill the offices of vice-presidents for the ensuing year:—

Dr. Marshall Hall.	Dr. A. B. Granville.
R. Davidson, Esq.	Dr. J. R. Lynch.
Jos. Howell, Esq.	Wm. Farr, Esq.

C. H. Rogers Harrison, Esq., was unanimously elected hon. secretary to the association for the ensuing year.

The following gentlemen, having been proposed and seconded, were unanimously elected members of the association:—

James Phillips, Esq., White House, Bethnal-green.
Isaac Hargreave, Esq., Tunbridge Wells.
P. Jolim, Esq., 17, St. John's-square.

The following are the names of those gentlemen who were admitted at the annual general meeting, October 8th, and were only alluded to, not inserted:—

A. B. Wall, Esq., High-street, Hastings.
Evan Edwards, Esq., Cardiff, Wales.
—— Lambert, Esq., Thirsk, Yorkshire.
—— Neville, Esq., Croydon, Surrey.
—— Perry, Esq., South-street, Worthing.
Horace Weston, Esq., White House, Bethnal-green.
—— Jones, Esq., Jewry-street, Aldgate.
Thomas Smith, Esq., Bow-lane, Cheapside.
Evan Davis, Esq., Newbridge, South Wales.
Wm. Wood, Esq., 1, Bridge-street, Southwark.
—— Toovey, Esq., Croydon, Surrey.
J. Ringrove, Esq., Potter's Bar.
—— Mackenzie, Esq., 68, Upper Norton-street.
F. Ward, Esq., Balham Hill.
—— Gaunon, Esq., Walworth.
E. Moore, Esq., Bethnal-green-road.

On the motion of Dr. Webster, seconded by Dr. Bedingfield, of Stowmarket, C. R. Bree, Esq., of Stowmarket, was enrolled a member of the association, agreeably to the fourth resolution adopted at the past annual general meeting, whereby members of any medical reform association are admitted members of the British Medical Association, on payment of a registration fee of ten shillings.

On the motion of Dr. Granville, seconded by W. P. James, Esq., it was resolved unanimously, "That the warmest thanks of the association be given to Dr. Marshall Hall, for printing and placing five hundred copies of his excellent oration at the disposal of the council for the use of the members of the association."*

On the motion of C. H. R. Harrison, Esq., seconded by Dr. J. R. Lynch, it was resolved unanimously, "That the best thanks of the association be presented to Dr. P. H. Green, for his liberal offer of placing any number of No. 3 of the 'Provincial Medical and Surgical Journal' at the disposal of its members."

Resolved, "That the British Medical Association subscribe to the new journal, entitled the 'Provincial Medical and Surgical Journal.'"

A letter was read from Robert Liston, Esq., the consideration of which was postponed.

The following letter was read from B. Hawes, Esq., M.P., addressed to the president:—

"Mortlake, Oct. 8, 1840.

"My dear Sir:—I have only this morning, by an accidental reference to your letter, found, to my regret, that your meeting of this evening is that at which you proposed to allude to the subject of medical reform, and the Bill relating to it, which I propose to introduce to the house in the next session of Parliament.

"Unfortunately I was under the impression, till this morning, it was to take place on the 11th, and it was only on my return home last evening, that I found your obliging invitation to attend Dr. Hall's lecture, which induced me to refer to the letter in question, with a view to fulfil my promise to you in the letter I addressed to you from Edinburgh last week.

"I now, therefore, hastily and cursorily only, can give you the information I promised, and which I beg you to excuse.

"These are the great heads of the Bill:—

"1. The registration, on payment of an annual fee (small, of course), of every person now and hereafter legally practising medicine in the three kingdoms.

"2. The formation of a medical council for each kingdom, the commonalty of registered medical practitioners being the electors of the council every *three* years.

"3. The formation of a medical senate, elected by the members of the council, to determine on all questions affecting the interests of the profession in the three kingdoms. The senate to be elected every *five* years.

"5. The senate to have the power to make by-laws for the whole profession and

* Any gentleman may procure a copy of the oration on application to the secretary.

faculty in the three kingdoms. The council to see them executed in each.

"6. A minimum of education to be determined upon by the senate.

"7. Licences to practise to be granted by the councils in each kingdom respectively only; but the licence to be granted to be valid in all the three kingdoms.

"8. A licence to practice only to be granted on proof of the preliminary general and professional education having been gone through, and after examination by the council, according to rules agreed upon and published.

"It has been suggested to me that, as a minimum education is to be determined upon by the senate and councils, any previous diploma or degree is not necessary; but the allowing a direct representation of the present licensing bodies in the councils of each kingdom respectively *only*, would remove many difficulties; and inasmuch as each representation would always consist only of a small proportion of such councils, viz., seven in Scotland, six in England, and three or four in Ireland, out of twenty-five or thirty, it does not appear that the general voice of the profession could ever be overruled.

"I am disposed to consider of this suggestion, and I beg to invite any remark or observation you may make upon it. This general view, added to the long conversation we had when you, Dr. Hall, and Mr. Farr, did me the honour to call upon me as a deputation, and which, therefore, was not a private communication on either side, will, I hope, though so hastily written, give you the information you may require; considering, moreover, how familiar the subject is to you. I am, my dear Sir, very faithfully and obediently yours,

"B. Hawes."

A letter was read from Chas. T. Carter, Esq., of Newcastle-on-Tyne, on medical reform.

A letter was read from Dr. J. Macdonnell, of Dublin, in the name of Mr. Carmichael, of the same place, acknowledging the honour conferred upon the latter gentleman in being elected an honorary member of the association.

Letters were read from Chas. T. Carter, Esq., of Newcastle, and Messrs. Livingstone and Webster, of Dundee, acknowledging the honour of being elected corresponding members of this association.

Letters were read from Dr. Lynch, of Newcastle-on-Tyne; J. Ikin, Esq., of Leeds, and Dr. Reid Clanny, of Sunderland, on withdrawing their names from the association, on account of having joined the North of England Medical Reform Association.*

* The attention of these gentlemen and others similarly situated, is requested to the election of Mr. Bree, of Stowmarket, this evening.

Letters were also read from Mr. Tucker, Esq., of Market Larrington; Isaiah Burrows, of Stonehouse, and Dr. Maunsell, of Dublin.

The following letter, addressed to the secretary, was then read:—

"Poor-Law Commission Office,
Somerset-House, Sept. 22, 1840.

"Sir:—The poor-law commissioners acknowledge the receipt of your letter of the 6th instant, inquiring, by direction of the council of the British Medical Association, *when* it is proposed that the recommendations contained in the commissioners' report to government, relative to parochial medical officers, and their duties, should be carried into effect.

"The commissioners, in reply, desire to state that they have hitherto perceived little disposition, on the part of boards of guardians, to adopt the recommendations as to medical relief, contained in their report of December, 1839, to which it is presumed you allude.

"Whether it may be desirable to convert these recommendations, and to what extent, into positive regulations, are matters requiring the careful consideration of the commissioners. They propose, however, to address themselves to this subject in the course of the autumn.

"Signed, by order of the Board,
"W. G. Lumley, Assist.-Sec.

"To C. H. Rogers Harrison, Esq., &c."

One of the members present observed, there was not much reliance to be placed on the second paragraph of the letter, inasmuch as, to his certain knowledge, when the board of guardians of the Hackney Union had agreed upon 2s. a case for vaccination, and forwarded the recommendation to Somerset-house for approval, the charge was, by the poor-law commissioners, reduced to 1s. 6d. a case; on which the eight medical gentlemen, who had undertaken vaccination at 2s., indignantly threw up all connection with vaccination.

The meeting, at a late hour, adjourned.

NORTH OF ENGLAND MEDICAL ASSOCIATION.

At the monthly meeting of the council, held on Wednesday, 14th instant, the following resolutions were unanimously adopted:—

"That, in the opinion of this meeting, the Medical-Profession Bill, proposed by Mr. Warburton, M.P., is not suited to the wants of the community, nor to the wishes of the members of the medical profession."

"That the secretary be requested to communicate the foregoing resolution to the editors of the weekly medical journals, and to the medical associations of the United Kingdom."

MORAL DEGRADATION OF THE TENDER SYSTEM.

To the Editor of THE LANCET.

SIR:—Notwithstanding all the exertions which you and other individuals have made in endeavouring to do away with the disgraceful system of tender, in apportioning salaries to medical officers in poor-law unions, I am grieved to say that this hateful and hurtful plan has in Greenwich again been had recourse to. I herewith send you the reports of the meeting of the board of guardians as they have appeared in the public prints.

For your information I may inform you, the workhouse has nearly one thousand inmates, and these are let out to a resident practitioner for £40 a-year, including every thing but trusses; vaccination is also stipulated in the above contract. The medical men advertised that the board would consider the appointment on Thursday last at four o'clock; but they were very discreditably detained till ten at night before it was decided. I remain, Sir, yours respectfully,

AN OBSERVER OF MEN AND THINGS.

September 26, 1840.

GREENWICH BOARD OF GUARDIANS.

Thursday, Sept. 10.—The relief cases being over, a long letter from the poor-law commissioners was read, recommending that vaccination, in accordance with a recent Act of Parliament, should be carried into effect among the poor of the several unions, by contracting with as many surgeons as possible, and dividing them into numerous districts, for fully carrying out the same, the Act itself rendering inoculation a penal offence. It was, however, determined that the matter should be left as heretofore to the discretion of the medical officers of the union.—The next question was, to take into consideration and determine on the appointment of the medical officers for the year, from Michaelmas next, on which a very lengthened discussion ensued. It appeared that the poor-law commissioners recommended a fixed salary, instead of the situation being one of contract.—Mr. Wade, in proposing a motion to the effect, that no alteration in the mode hitherto practised should continue, viz., by contract, argued at length in its favour, urging principally that under its practice no fault had hitherto been found, every individual selected having given general satisfaction; and that it was the best means of introducing into practice the junior members of the profession.—Mr. Adam Young disapproved of the contract method, and referred to the late election, where, though no fault was to be alleged against the surgeon, because a lower price was tendered, he was unceremoniously ousted. He begged also to impress on the board the necessity of having a married rather than a single man as their surgeon, and deprecated generally the system of contracting for the situation as derogatory to the profession.—Mr. Haycraft supported Mr. Young in his views of the question; he therefore moved, as an amendment, that a fixed salary should be apportioned to the medical officers of the union for the future: this was seconded by Mr. Young. The amendment was lost by a majority of 7 to 8, and the original motion carried by 8 to 7.

Thursday, Sept. 24.—The relief cases being concluded, the business of the election of medical officers for the union was entered on. Before the tenders were opened, Mr. A. Young begged to remind the board of their understood opinion, that they were not bound to receive the lowest tender; and also that the medical officers should be married men. (*No! no! from several persons; and, "The officers we have already had have been single men, and have given satisfaction."*) The advertisements of previous periods were called for, when it was explained that the last one was, in every respect, the same as the previous ones, binding the board to accept the lowest tender, provided the character of the party was unexceptionable. Mr. James, the clerk, before receiving the tenders, referred to the question as to vaccination, wishing it to be understood by the board, that as the advertisement was of the usual form, it was his decided opinion that, as regarded vaccination, it applied to the poor only. A long discussion, more than half the board speaking at a time, ensued on the question; the whole, however, agreeing, that they were in a dilemma. At length it was determined to put the question to the vote. There were ten candidates: the first tender opened was one from Mr. Joseph Arthur, 4, City-road, Finsbury-square, offering to perform the duties required for the in-door poor at £50, and the three out-door districts for £100 per annum. It was couched in such superlative terms of self-laudation, and was in other respects so odd a composition, as to excite, during its reading, continued laughter. No. 2, was from Mr. G. Cooper, of Greenwich, at £40 per annum for the in-door patients. 3. Mr. J. Appleton, Trafalgar-road, Greenwich, with a number of very high testimonials, £70 per year for the in-door sick. 4. Mr. W. Sturton, Greenwich, £80 ditto. 5. Mr. J. Teeman, Bryanstone-square, £100 ditto. 6. Mr. J. Purvis, Greenwich, £80 ditto, and for the out-door poor of Greenwich, £40 per year. 7. Mr. T. O. Mitchell, Greenwich, £50 in-door, and £40 for the out-door ditto. 8. Mr. R. Hatfull, Deptford, £70 per year for the out-door poor of the Deptford district. 9. Mr. J. McDonald, £45 per year for the Woolwich district; and 10, Mr. G. Ship-

man, for the out-door poor of Greenwich, £40, and for the in-door, £100 per annum. Mr. McDonald was first unanimously elected for the Woolwich district. Mr. Powle then moved, and Mr. Lear seconded, Mr. Mitchell's tender for the in-door be accepted; which was met by an amendment from Mr. Ashford, seconded by Mr. Wade, in favour of Mr. Cooper's tender. The latter was carried by a majority of 9 to 5, Mr. Wood and others loudly declaring their disapproval of the lowest tender test. Mr. Wade then moved that Mr. Mitchell's tender for the out-door poor be accepted. It was opposed by Mr. Suter, who was in favour of Mr. Purvis; but the feeling of the board being generally in favour of the former, no division took place, and Mr. Mitchell was re-elected. There being but one candidate for Deptford, and the sum mentioned being considered too high, the board, after some discussion, determined to re-advertise the contract.

Thursday, Oct. 8.—The next matter was the confirmation of the appointment of Mr. Arthur, as surgeon to the Deptford district, which had been left subject to the favourable result of inquiries as to character. A letter was read from Mr. Rance, surgeon, City-road, Finsbury, with whom Mr. Arthur is at present living as assistant, speaking in highly-favourable terms of his character and professional acquirements; and a similar one from a medical gentleman residing in Essex. The election of Mr. Arthur was therefore completed; and Mr. James instructed to write to him, requesting that he would enter immediately on the performance of his duties. Mr. Parsons wished to ask whether it was true, as had been reported, that the tender of Mr. Arthur, contrary to the terms of the advertisement, was only sent in at 6 o'clock. Mr. Hargrave: "Oh, we cannot allow our time to be taken up with such matters." The Chairman: "To be sure not; it is quite out of the question." Mr. Parsons, amid considerable opposition, persisted in his observations, characterising the proceedings of the board, with reference to the mode in which the business had been conducted, as most disgraceful and unbusiness-like. It appeared, he said, that Mr. Arthur had attended in consequence of receiving a forged letter purporting to come from Mr. James; and yet, contrary to all precedent, he had been chosen, though the only legal tender was undoubtedly that of Mr. Hatfull, the late medical officer. The speech of Mr. Parsons, which was repeatedly interrupted by the Chairman, and Messrs. Smith and Hargrave, was at last cut short by the former, who declared his resolution not to hear him out. Mr. Ashford said, that Mr. Arthur owned that he knew nothing of the vacancy having occurred, save from the forged letter.

On the contemptible proceedings above detailed, the editor of the *West Kent Guardian* justly observes,—

"To those whom God's mercy has permitted to exist in happy ignorance of the regulation of union workhouses, it will be necessary to say, that the appointment of medical officers for attendance both on the out-door and in-door poor is always a matter of contract, though the guardians are not compelled to accept the lowest tender. For the last two years the office of surgeon to the out-door poor in the Deptford district has been worthily held, at a salary of £70 per annum, by Mr. Hatfull, an old inhabitant of the parish, whose scientific attainments no less than the general urbanity of his manner were eminently qualified to win for him the confidence of the poor creatures at whose bedsides his presence was a matter not dependent on their choice, but their necessity. For the years ending at Michaelmas, 1839 and 1840, the average number of cases was 533, including midwifery cases; the number of which in 1839 was 24, in 1840, 27; and 32 deaths in 1839, and 28 in 1840. Now, taking the midwifery cases, say at 7s. each £9 18s.; expense of drugs, bandages, wear of surgical instruments, &c., all of which are included in the contract, at 1s. 6d. per case, £39 9s.; and vaccination, according to the terms of the late Act, of two hundred children at 1s. 6d. each, £15; making a total of £64 5s.; there remains as the reward of labour and science just £5 15s. per annum. But this, it seems, was too magnificent a remuneration. 'The parish,' said the guardians, 'must be protected; the paupers were physicked too expensively. What right had they to be sick as well as poor? If they wished to die, was there not heart-break and a thousand other cheap modes of effecting it, without having recourse to maladies only proper for wealthy men, who could afford to offer death a bribe if his presence were not welcome?' There was nobody to deny the justice of such reasoning, and so they rejected the tender of Mr. Hatfull, and advertised for another, expressly declaring that the sealed letters must be delivered at the clerk's office before one o'clock on Thursday, October 1st. Again, Mr. Hatfull was the only candidate, and imminent fears were expressed lest they should be compelled to elect him at a salary of £65; but between the hours of five and six, a Mr. Arthur made his appearance, in consequence of having, as he said, received a letter signed by the clerk, inviting him to become a candidate. The document was examined, and discovered to be a forgery, clumsily executed. Added to this the applicant was a perfect stranger, and had never seen the advertisement in the newspaper, his sole knowledge of the matter being obtained from the perusal of the forged epistle. Under such circumstances, it might have been supposed

that Mr. Arthur would have been civilly bowed out of the room, after partaking, perhaps, of the usual refreshments enjoyed by the protectors of the rights of the people. But the guardians had a touch of natural piety about them, and recognised in this unexpected affair the express interposition of fate. How they laughed till their well-fed sides ached again, at the thought of the lucky knavery which had done them such good service. Of course, the irregularity of the proceeding was overlooked in consideration of the advantage to be obtained. Poverty would now, it might be expected, be driven to rot in the noisome cellar, its natural abiding place; and so those worthy Samaritans, Messrs. Hargrave and Smith, having expressed their delighted assent, Mr. Arthur sat down and wrote a tender offering to do the work for £40; or, in other words, to provide medicine and attendance at the rate of *tenpence halfpenny* per sick pauper, mortal diseases and all included; which was instantly accepted, subject only to the favourable result of the answers from the references given by Mr. Arthur as to character and ability. We will endeavour to keep down the fierce emotions that stir within us, and appeal calmly to the reason, instead of the human feelings of our readers. It is well known that there is a difference in the price of drugs of at least two hundred per cent.; and looking at the payment of 10½d. per case as a compensation for the cost of medicine and attendance, which should be nightly and daily, of a gentleman who has his living to obtain by the practice of his profession, what is it, we ask, but a sort of bounty for slow murder? Is it likely that the surgeon will so far forget the natural respect due to his employers as to run counter to their wishes, by manifesting an improper degree of humanity to base and dying paupers. Will not his thoughts, when requested with the despairing agony of suffering wretchedness, to afford a cordial to the parched throat and burning lips, turn to the opinions of the guardians, and his own pay of 10½d. per case? Are they not all good men and virtuous, who pay their way and keep a good coat on their backs, and who, if they sin at all, take care to hide it from the gaze of impertinent curiosity; and is he not their servant, whose bread as it were depends upon their pleasure? And this in generous England—where twenty thousand altars have been raised to the honour of the equal God of prince and pauper, is the work—the exclusive work—of the middle classes, the men who rail against the aristocracy as the greatest evil of society, and lift up their voices in hourly chorus in favour of equal rights and equal privileges. These are the persons who, scorning all distinctions of Heaven's creating, would estimate all things by the universal criterion of pounds, shillings, and pence, and establish a tyranny the most odious and despicable that ever challenged the obedience of man." —*West Kent Guardian*, October 10.

Are any of our correspondents acquainted with the education and professional acquirments of Mr. Arthur?

ADVERTISEMENT OF CLERGYMEN FOR SOME MEDICAL SLAVES IN SURREY.

To the Editor of THE LANCET.

SIR:—I send you a copy of rules of a "medical club," recently established in the lower part of the county of Surrey. It appears to me to be the very maximum of insult to the profession to offer a club upon such degrading principles, conducted by clergymen. It is to be presumed that medical men, like clergymen, have received a liberal education, and, like clergymen, ought to be treated as gentlemen. The remuneration offered by this club is almost upon a par with *the wages of a labourer who is employed to break stones on the road.* In the first place, he is to receive *three halfpence* per week from each family that he attends, whether large or small. Take the average; a man and wife, with three children, in number five; and suppose there are twenty families in each parish, who may be able to avail themselves of the "benefits" of the club; that would amount to 2s. 6d. per week for each parish. He is next to receive sixpence for the extraction of each tooth. Presume that he extracts twenty a year; that will make 10s. per year. Next comes midwifery, for which he is allowed a fee of either 3s., 5s., or 7s., according to distance, provided he arrives before the birth of the child, the maximum fee being less than an uneducated old woman is in the habit of receiving. Take the medium fee of 5s., and suppose he has six cases a year in each parish, that will amount to £1 10s. for each parish; so that he will have the medical and surgical charge of about 300 persons, scattered over three extensive rural parishes, for the following sums:—

For 20 families in each parish, at 1½d. per week for each family, for the year	19	10	0
Midwifery, for three parishes..	4	10	0
Tooth-drawing	0	10	0
	£24	10	0

the whole amounting to an average of 9s. 5½d. per week. It is clear that he cannot keep a horse; so that in a time of great sickness, lamentable neglect, with a probable loss of life, must be the result. Should there be two midwifery cases at the same time, he will be allowed 5s. for another medical man's fee, which may be either £1 1s., or

£1 11s. 6d., so that, in that case, he would lose £1 6s. 4d.; he, consequently, cannot calculate even upon 9s. 5½d. per week.

It is to be regretted that gentlemen holding high and responsible duties should place themselves at the head of such mean, paltry, and degrading societies; instances of this kind call loudly for medical reform. I am, Sir, your obedient servant,

GEORGE BOTTOMLEY.

Croydon, October 8, 1840.

"*Rules of the Medical Club for the Benefit of the Poorer Classes in the Parishes of Burstow, Horley, and Charlwood, established September*, 1840.

"With a view to ensure a more prompt and regular medical attendance to those of the poorer classes, who are residing in the parishes of Burstow, Charlwood, and Horley, it has been determined that a medical club shall be established in the said parishes, and be conducted and supported upon the following principles:—

"1. That a committee shall be formed, consisting of the three resident clergymen of the aforesaid parishes, and the representatives of two lay families, one being resident in Charlwood and one in Horley, these being the larger parishes.

"2. That the committee shall meet quarterly, it being in the power of any one of the members of it to call a special committee on emergencies, and any three members of the committee shall form a 'board;' and the decision of the 'board,' being consistent with the established rules, shall be final upon all questions, both as regards the medical gentleman and the subscribers generally.

"3. That subscriptions and donations will be thankfully received from the wealthier part of the inhabitants of these, or any other parishes, for furthering the purposes of this club.

"4. That the medical gentleman shall reside within as short a distance as convenient of Horley church; that he shall not extend his private practice beyond the limits of the three parishes; that he shall, on every Wednesday, be in attendance at the workhouse at Burstow, and on every Saturday at the national school-house at Charlwood, from the hour of eleven A.M. to the hour of one P.M.; and on every Tuesday and Friday he shall be at his own house from twelve to two P.M., unless unavoidably called out in another direction; in which case he shall attend at the above-named places in the parishes of Burstow and Charlwood, at as early a period as possible.

"5. That a book shall be kept at the house of the medical gentleman, as likewise at the workhouse of Burstow and national school-house at Charlwood, in which he shall enter the cases generally which come before him, the progress which the patients are making, and any other particular which he or the committee may think proper.

"6. That the medical gentleman shall be supplied, by the committee, with all drugs to be administered to the sick members of the club, and that he shall be obliged to keep them separate from those used in his private practice; that on the confinement of women, entitled as members of the club to his attendance,—provided he arrive at the house before the child is born,—he shall receive from the committee, for those distant not more than a mile, three shillings; for those distant not more than three miles, five shillings; and for those at any greater distance, seven shillings. That he shall receive all monies for his own use, which are raised by the weekly subscriptions, to be hereafter referred to, of the poorer classes of the three parishes; and that, for the first year, at least, his house-rent shall be paid for him by the committee.

"7. That the poor of the aforesaid parishes shall be entitled to the benefits of this club, upon paying three-halfpence a week; that a man, his wife, and children, under sixteen years of age, or an aged parent past doing work, living at home with him, shall be included under the head of one subscription; and every medical article, except bandages, bottles, and gallipots, shall be found for him or them free of any further charge.

"8. That the medical gentleman shall attend at the houses of the members in all cases where they are too ill to go to him; that the members shall send to him for the medicines they require; and that any member who is more than two months in arrears with his subscription, shall forfeit all claim on the club in cases of sickness or accident, and must be readmitted by application to the committee.

"9. That should the medical gentleman be engaged in a case which he cannot leave, and be wanted in an extreme case in another place, five shillings will be paid by the committee towards procuring other medical aid for the parties last wanting his attendance.

"10. In the cases of expected confinement, the members must apply to the medical gentleman, two months previously, for a ticket, and which they must send back to him at the time his services are required.

"11. Members of the club shall pay sixpence for each tooth that may be extracted for them by the medical gentleman.

"12. That the medical gentleman will vaccinate without charge; but that he will not give attendance or medicine to members in cases of small-pox, if they have not been previously vaccinated; or in any other case, if their illness arises immediately from drunkenness or debauchery.

"13. That upon a ticket of admission to a hospital being procured for any member, by the advice of the medical gentleman, all

further assistance from the club will be withdrawn, whether or no the member avail himself of the ticket.

"14. That the club will commence operations on the 1st of September, 1840, and will be open to any of the poor of the three parishes who may wish to subscribe to it; but that after the 1st of January, 1841, members will be admitted only at the quarterly meetings of the committee."

RESTRAINT OF INSANE PATIENTS.

To the Editor of THE LANCET.

SIR:—My attention has accidentally been called to a letter from Dr. Corsellis, in your Number for May 9th, in which he records the remarkable cure of U. D. in the asylum at Wakefield, under the joint influence of a strait-waistcoat and "*the total exclusion of light from his apartment;*" and adduces it as an instance of the necessity for coercion and its advantages. According to the facts, as stated, the logical conclusion is the other way; and it would seem that the exclusion of light, "the gentle aperients and sedatives," and the quiet tranquillity of the cell, were the governing causes of the cure; and that the strait-waistcoat, and irritability produced by it, might have retarded, but could not have forwarded it. I arrive at these conclusions from the following data:—Firstly, that Dr. Corsellis appends this note to his statement, that sleeves were placed on him—"I was not without suspicions of a habit which would have counteracted all our efforts;" which leads to the conclusion that the *sleeves* were put on for the prevention of the habit, and not for the promotion of the cure. Secondly, that the patient had been previously confined in two different lunatic asylums, "from both of which his removal had been hailed with joy," and in both of which he had, doubtless, been subject to every species of restraint; for, at the time of U. D.'s case, the non-restraint system was not in use in this kingdom, especially with patients of his temper, and in neither of which, it is evident, was the humane, enlightened, and scientific treatment of the exclusion of light, &c., pursued. Thirdly, that the treatment of Dr. Corsellis (*sans* the manacles) is precisely the treatment which any scientific practitioner, adopting the non-restraint system, would pursue. And, fourthly, because, in describing the patient's own opinion of the causes of his recovery, he states him to have used these words:—"He explained to me the effect that his own efforts, light, and sound, had conspired to produce in keeping up the excitement, and considered *the salutary restraint* to which he had been subjected the cause of his recovery." The word *restraint* is here very equivocal, for I know it is applied by the supporters of the restraint system to the confinement in a separate apartment, as well as to *muscular*, or, in other words, *instrumental restraints*; such, for example, as strait-waistcoats, sleeves, handcuffs, &c., although the supporters of the non-restraint system expressly limit themselves to the latter definition, and consider *seclusion* and quiet, in many cases, as great auxiliaries to the cure.

I trust, therefore, Dr. Corsellis will have the candour to answer the following queries upon this most important case. 1st, Had or had not instrumental restraint been used towards U. D. in the other asylums? 2ndly, Had the effect of the exclusion of light, &c., been tried in the other asylums? 3rdly, Is the inference I have drawn, as to Dr. C.'s reason for putting on the sleeves, correct; and if not, why did Dr. C. annex the note referred to, which, in such case, would be perfectly needless? And 4thly, Whether the patient considered the restraint by the sleeves, or the restraint from *light, sound,* and other *excitements*, as the real cause of his cure? I am, Sir, your obedient servant,

A LOOKER-ON.

Oct. 19, 1840.

P.S.—The bad logic of your correspondents on this subject is remarkable. In your Number for September 12, 1840, will be found an article from Mr. Hadwen, headed thus: "Remarks on the Necessity of Restraining certain Lunatics by *Instrumental* Means, illustrated by A Case in the Lincoln Lunatic Asylum." Having so headed his article, he tells us "that the *unusual* freedom of patients (*during the time he was house-surgeon*) *had wrung from the astonished boards* the most satisfactory and flattering encomiums." "I showed," says he, "that a single day had not passed before my appointment in which instruments of restraint had not been used; and that soon after I commenced the duties of my office, *periods of considerable duration* passed without any restraint whatever." He proves by tables the benefit he and his successor, Mr. Hill, have rendered to mankind, by their humanity and perseverance in abolishing restraint; and that no instance of restraint occurred in that asylum from March, 22, 1837, to April 23, 1840, when Mr. Hill resigned. He then shows, that between that date and Aug. 27, a period of *four* months, *two hundred and fifty-seven* instances of instrumental restraint occurred; and then argues, somewhat strangely, that these cases have been rendered necessary by the total cessation of restraints for the previous three years. (I presume the patients have not been the same persons during the period, but that admissions and discharges take place from week to week in this as in other asylums.) He then gives long extracts from the "Physician's Journal" (written, evidently, by a most determined opponent

of the non-restraint system), of a case, in which, for some unexplained cause, restraint is not permitted, although restraints, as he previously shows, are again introduced, and in general use, at Lincoln; and calls this case an illustration of the necessity of restraints. If this case, as stated, illustrates anything, it is the wretched condition of the Lincoln Asylum and the party spirit with which the journal is kept; and if his letter illustrate the necessity of restraint at all, it illustrates its necessity by *two hundred and fifty-seven* instances, not by *one*. Mr. Hadwen speaks of a *retrograde movement* at Lincoln. I think the retrograde movement is since April 23, 1840. At all events, Mr. Hadwen's letter is a powerful illustration of the impracticability of carrying on the non-restraint system, if there be not unanimity amongst the officers of the establishment. May Lincoln be the only asylum in which the interests of humanity are defeated, and chains and fetters riveted on the insane by discord and divisions.

QUACK ADVERTISEMENTS.

To the Editor of THE LANCET.

SIR:—In consequence of the selection with which you have honoured Mr. Malyn and myself, I do not hesitate to accept your challenge, although I confess that this sort of correspondence, like the paper skirmishes which have of late crowded the columns of our journals, is very much against my will and taste.

I beg, however, that you will not consider my present letter as anything like a vindication; indeed, I cannot believe that the reflecting members of our profession, among whom I, of course, include yourself, can either read the names which you have copied, and suppose that those honourable men who bear them would for a moment so far condescend, or seriously consider the advertisement of Mr. Thomas Holloway, but as one of those cunning and unauthorised adoptions of abstract passages of letters so much in fashion among the empirics of the day. Your Journal, however, in consequence of its acknowledged spirit and energy, is so much in the hands of other than professional readers, that some allusion to the question of this nostrum may, perhaps, be essential.

There was a Signor Albinolo, of Turin, who came to England with a *recipe* for this ointment, and, as I afterwards learned, Mr. Holloway, for certain profits, was to find the gold for the purchase and composition of the miraculous salve. Albinolo, a man of seeming simplicity, was confident of the superiority of his ointment, of which he brought me a cargo, requesting me to test its virtues in cutaneous diseases, which I had, of course, no hesitation in doing, although grease is not my favourite vehicle for endermic remedies. This was followed up by entreaties for certificates of its efficacy, and if my note, in answer to these entreaties and addressed to Albinolo, be published entire, it will be seen that my opinion was completely decisive as to its *want of claim to my adoption*; if I remember right, a deprecatory letter from Sir Benjamin Brodie appeared at this time in the "Gazette." A schism now arose between the parties, and statements were inflicted on me by both, but, as a court of law came to a decision on the subject, it is not essential for me to state on which side the injustice lay. In order, however, to render the cosmetic empiric as little injurious to the credulous public as possible, I took the trouble of cautioning him in a note on the danger of his practices, and there I left the question altogether.

But, Sir, there are deeper causes for the success of empiricism than these garbled extracts of letters, one of which is the sale of *nostra* by *members* of the college and *licentiates* of the hall, who, while in the daily commission of this degrading traffic, hold up their hands, forsooth, for medical reform, and have their names enrolled as members of an association. One source of this unhappy custom has been the facility of professional admission which leads to professional degradation; for many a short-sighted parent is hence induced to make a doctor of his son, and then send him forth almost pennyless into the world, where, to avoid starvation or servile bondage, he dwindles at once into a petty trader, advancing even his empirical enemy by the sale of that very nostrum which is at once poison to the stomachs of his patients and to his own professional interests; the high curriculum may, probably, in the end amend this in some degree. I believe the public are becoming more alive to the arts and forgeries of the empiric, but while we see pink saucers and blue light as well in the windows of the surgeon as of the druggist, and these *doctors' shops* are estimated, not according to the quality of their masters' brains, but the brilliancy of the colours in their show bottles; while a member of the college sells a blue pill at his counter for a penny, and retails even quackery for a most paltry profit; and, above all, while a licentiate, of Pall-Mall East, *meets a druggist in consultation*, it were vain, indeed, to expect the public to discriminate between professional gentlemen and professional tradesmen.

It is very easy to say how the abolition of all these corrupt modes of low practice and quackery may be ensured, if the profession were true to itself, and not blinded by jealousies to its own interests and honour; it is not by a call on its members for explanation—not even by the mere establishment

of the representative system of professional government, unless the council be vested with absolute legislative power, which may define the true line of professional distinction, by the abolition of the counter of the surgeon, and a penal statute, if the chemist shall presume to cross the threshold-stone of the profession; for thus only, however despotic it may seem, can the important distinction be established.

And as to empiricism, my own counsel would be the scientific analysis and specification of every nostrum, and the subsequent purchase and promulgation of the secret, by government, of all which might conduce to the health and comfort of mankind, with an interdiction of all others; but this may be a vision of utopia to this liberal age.

In its default, you will do, Sir, more essential service to the profession than even your most judicious comments can confer, if (after having quietly inurned Mr. Warburton's epicene abortion, which, like a blighted fœtus, has destroyed the hopes even of his admirers,) you will press on the Chancellor of the Exchequer the necessity of withdrawing the patronage with which he fosters the quacks, in return for the £50,000 per annum, which the stamps and advertisements fling into his impoverished treasury. I am, Sir, your obedient servant,

WALTER C. DENDY.

Stamford-street, Oct. 13, 1840.

EAST LONDON FEMALES' DISPENSARY & LYING-IN INSTITUTION.

To the Editor of THE LANCET.

SIR:—In some editorial remarks which you have appended to a letter from Mr. Cory, published in the last Number of THE LANCET, there occurs the following sentence: "For our own part, we should hold such institutions as the East, West, North, and South London Lying-in Institutions in the most sovereign contempt, did we not find reason too often to regard them as dangerous and hypocritical both to patients and the public; and we never see the name of a physician professing claims to respectability and reputation,—such as Dr. Francis H. Ramsbotham may think himself entitled to put forth,—attached to the circulars and advertisements of these adventurous establishments, without a feeling of regret on behalf of the good name and welfare of the profession."

If these remarks are intended to apply to the East London Females' Dispensary and Lying-in Institution, situated in Mile-End-Road, the only charity bearing a title of that kind with which my name is associated, you have formed an erroneous estimate of its character. It has been established very nearly twenty years; it has been supported by some of the most influential people in the neighbourhood, and it is calculated to afford considerable benefit to many poor women, who, from their peculiar complaints, shrink from taking the advantages of a hospital,—at least as out-patients,—in consequence of the publicity which is inseparably connected with such an application. I acted as superintending physician for more than 12 years, and on my resignation Mr. Cory was appointed; at the same time, the committee paid me the compliment, very usual in such cases, I believe, of retaining my name on the ticket, as consulting physician. The modest character of the institution,—it being held in a private house, the residence of the *non-medical* secretary, and there being no board or other sign displayed to point out its locality,—is surely no proof of its being either adventurous, or a vehicle for advertising.

No one can be more opposed than I am to the quackery attached to the numerous self-styled dispensaries and medical charities which we meet with so often in different parts of the suburbs of London; and no one would take more pains to divest them of their fancied and false importance than I would do; but there are some few charitable institutions, in which relief is given to the poor at their own dwellings, which demand our respect, and which confer much good. In justice to one of such, and to its supporters, I beg the favour of the insertion of these few lines. I am, Sir, your obedient servant,

FRANCIS H. RAMSBOTHAM.

14, New Broad-street,
October 12, 1840.

DR. MAUNSELL AND PROFESSOR BRADY.

To the Editor of THE LANCET.

SIR:—I have no doubt your sense of justice will influence you to give insertion in your next number to the accompanying letter. A copy of it was forwarded to Dr. Brady on the day of its date, as my reply to his request that I would insert an *ex parte* statement from him, calculated to affix a stigma upon certain defenceless individuals whose innocence of the crime which, by implication, he lays to their charge, was proved before two tribunals. With respect to the other inaccuracies in the communication of Dr. Brady, published in your Number for Oct. 17, it is not my intention to trouble myself or your readers by making any remark. I have the honour to be, your obedient servant,

H. MAUNSELL.

Dublin, Oct. 19, 1840.

"Molesworth-street, Sept. 26, 1840.

"Dear Sir:—I must decline publishing

your letter of the 24th inst. for the following reasons:—

"1. You have not shown that the account of your evidence in the last number of "The Press" was incorrect; on the contrary, your present letter is taken up in an argument designed to 'show that the case of Eliz. Lynch *might not* have been one of suicide,' which was the statement you complain of—that the amount of your evidence was imperfect is true, inasmuch as it was merely an abstract of the tenor and substance of what you deposed; but so also was the account of the evidence of Mr. Braume, and of the other witnesses. Now, you will recollect that Mr. B. and the witnesses, Tancred and Creed, disproved your statement as to the feet resting firmly on the floor; and Mr. B. also swore, in contradiction of your evidence, that there was evidence of the knot *having run*. These contradictions I did not put forward in 'The Press,' because I was unwilling to place you in a false position; but on a little reflection you will, I am sure, see, that were I to publish the *ex parte* statement in your letter of the 24th, I must also publish in full, the testimony of the other witnesses alluded to.

"2. I must decline making 'The Press' the vehicle of an attack upon the coroner, which, in my opinion, is wanton and undeserved.

"3. I cannot in any way make myself accessory to affixing what I believe to be a most unjust suspicion upon the people connected with the deceased, more particularly as their humble position in life appears to me to call for especial forbearance on the part of the public press.

"I hope you will, on consideration, see this matter in the same light as I do; but should you make any public commentary upon my declining to publish your letter, I must beg that you will state the reasons for my refusal which I now assign. Truly yours,

"H. MAUNSELL.

"To Dr. Brady, Gardine-street."

DETECTION OF ARSENIC.

(To the Editor.)—Sir:—In the evidence given by M. Orfila, on the late trial of Madame Laffarge, he is reported to have stated, when speaking of Marsh's apparatus, that, sometimes, owing to the high temperature of the flame, it is found impossible to obtain any metallic incrustation, or deposit, upon the pieces of porcelain, or other cold bodies employed for the purpose; the whole of the arsenic being in such cases volatilised, or converted into arsenious acid. It appears, then, to be highly desirable that, if possible, some modification of the apparatus should be adopted, in order to prevent such an important contingency from arising. Now, upon turning my own attention to the subject, I have been led to conclude, that this object might be accomplished by affixing to it the contrivance well known under the name of Hemming's jet, and burning the gas from it accordingly; seeing that, owing to the extensive metallic surface which it presents, the heat of the flame would be so rapidly diminished by conduction, as greatly to check, if not entirely to destroy, the disposition of the arsenic to pass into a state of oxydation. I have the honour to remain, Sir, your most obedient servant,

W. H. O.

Oct. 20, 1840.

BOTTLING AND CORKING IN SURGERIES.

To the Editor of THE LANCET.

SIR:—For the last five years I have taken in your invaluable Periodical, and during that time have derived a great deal of sound information from it; but on the perusal of Mr. Moss's letter in THE LANCET of October 10th, although it is, as you term it, a most sensible letter, allow me to ask, What is to become of the poor dispensing assistant, if Mr. M.'s proposal to charge for advice or visits, instead of the medicines supplied, is carried into effect? Through adverse circumstances I am one of that class, having been regularly educated for the profession, and studied at the Westminster School, and being now shut up in a surgery all day, worse off than a gentleman's servant. I am yours, &c.

A DISPENSING ASSISTANT.

October 13, 1840.

*** "Dispensing Assistants" are not educated to bottle and box superfluous draughts and pills; but if they fall back upon that unprofessional source of livelihood, and find not enough to do in surgeries under an improved system of medical practice, they must either return to the practice of medicine, or consent to work among the regular druggists, or refrain from complaining against a change in proceedings relating to a science with which they may no longer have a real connection.

GRATUITOUS VACCINATION IN PREFERENCE TO THE EIGHTEENPENNY FEE.

To the Editor of THE LANCET.

SIR:—Will you be so good as to insert the following resolutions, entered into by the whole of the medical men residing within the Clutton Union, in the county of Somer-

set. Trusting that it will meet your approbation, I am, Sir, your obedient servant,

ROBERT COLLINS.

Chew Magna, near Bristol,
October 20, 1840.

"We, the undersigned medical men, residing within the Clutton Union, in the county of Somerset, having for a number of years been in the habit of vaccinating *all paupers who have been brought to us* for that purpose *gratuitously*, are willing to continue to do so, making all the required returns, on being furnished with the necessary blank forms; but reject, unanimously, the paltry fee of 1s. 6d.:—

Farnham Flower, Chel Compton.
James Crany, Timsbury.
Robert Collins, Chew Magna.
Charles Pope, Temple Cloud.
Thomas Dowling, Chew Magna.
John Hazell, Compton Marten.
George Curtis, High Lyttleton.
Thomas Baynton, Radstock.
John Hawkes Jackman, Temple Cloud."

October 16, 1840.

BOOKS RECEIVED.

A Practical Treatise on the Diseases peculiar to Women: illustrated by Cases derived from Hospital and Private Practice. By Samuel Ashwell, M.D. Part I., Functional Diseases. London: Highley. 1840. 8vo., pp. 208.

The Anatomy of the Arteries of the Human Body: with its Applications to Pathology and Operative Surgery. In Lithographic Drawings, with Practical Commentaries. By Richard Quain, Professor of Anatomy in University College. The Delineations by Joseph Maclise, Esq., Surgeon. Part I. London: Taylor and Walton. October 1, 1840.

A Practical Treatise on the Function and Diseases of the Unimpregnated Womb, illustrated by Plates, &c.: with a Chapter on Leucorrhœa, Fluor Albus, or "Weakness." By Charles Waller, M.D., Consulting Physician-Accoucheur to the London Midwifery Institution, &c. London: Churchill, 1840, 8vo, pp. 200.

Human Physiology. By John Elliotson, M.D., F.R.S. With which is incorporated much of the Elementary Part of the Institutiones Physiologicæ of J. F. Blumenbach, M.D., F.R.S., Professor in the University of Göttingen. Illustrated with numerous Woodcuts; Fifth Edition. London: Longman and Co., 1840.

Practical Remarks on the Discrimination and Appearances of Surgical Disease: with an Appendix, containing the Descriptive Catalogue of the Author's Collection in Pathological Anatomy, and the Hunterian Oration for 1833. By John Howship, Surgeon to the Charing-cross Hospital. London: Churchill, 1840.

The Elements of Materia Medica; comprehending the Natural History, Preparation, Properties, Composition, Effects, and Uses of Medicine. Part II.; containing the Vegetable and Animal Materia Medica. By Jonathan Pereira, F.R.S. and L.S. London: Longman and Co., 1840.

TO CORRESPONDENTS.

A Reader.—A licentiate of the Apothecaries' Company may act as a surgeon, without being liable to a penalty.

The subject broached by *Mr. Parks* requires more specific discussion than is given to it in his communication. His remarks are correct, but general, and next to useless to the profession.

T. A. (Norfolk.)—The party would not, under the existing law, be subjected to any penalty by the assumption of the title in question.

Explorator.—A copy of the card shall be printed in our pages, if our correspondent, on further inquiry, finds that Dr. C. is worthy of one moment's notice.

The communications of *Mr. Lesson* and *Messrs. Nicholls* shall appear next week.

Folly.—Medical advice is never given to patients in our columns. It is a quackish and most injurious practice when adopted.

G. R. (Liverpool.)—We can only state that it will not be proposed to make the law retrospective in its operation. Existing rights should be sustained.

J. M. (Bristol.)—The diploma of the Royal College of Surgeons, Edinburgh, fully entitles the party who holds it to be considered to be a legally-qualified medical practitioner, within the provisions of the Vaccination Act. There cannot be a doubt on the subject.

The letters of *A Magistrate*, *Mr. J. B. Gray*, *Vox*, and many other correspondents, have been received.

Errata in Mr. Alcock's Lecture on Amputation.—Page 106, col. 2, line 10, for "even others" read *each other*; l. 55, for "Vaure" read *Faure*, and wherever the name occurs; p. 107, c. 2, l. 23, 51, for "plage" read *playe*; p. 108, c. 1, l. 14, for "them" read *that*; l. 44, for "the fact about stated inferences" read *fact above stated, inferring*; c. 2, l. 13, for "few opinions" read *opinions*; p. 109, c. 1, l. 46, for "field of surgery" read *field of inquiry*; c. 2, l. 5, for "when the wounded" read *where the wounded*; p. 110, c. 1, l. 30, for 107 read 109; l. 59, for 97 read 99; l. 61, for 8 8 read 6 6; for 117 read 115; c. 2, l. 1, for 117 read 115; l. 29, for 145 read 143; l. 30, for 254 read 252; l. 61, for "in my own" read *of my own*.